

Camper & Leader Health Questionnaire/Medication Form 2023

Name: _____ Church came with: _____
 Age: _____ Birthdate: _____ Church Leader's Name: _____
 Emergency Contact: _____ Phone # _____
 Relationship to you: _____
 Non-family Contact: _____ Phone# _____
 Legal Guardians: _____ Parenting Plan in place? [] Yes [] No
 Cabin #: _____ (filled in at camp)

I AUTHORIZE CAMP STAFF TO GIVE THE FOLLOWING TO MY CHILD AS NEEDED AT CAMP:

Antacids, acetaminophen, antibiotic ointment, antihistamine, allergy eye drops, Benadryl cream, cough drops, calamine lotion, hydrocortisone cream, ibuprofen, Sudafed PE

Parent/Guardian Signature: _____ Date: _____

Please fill in this section with as much detail as possible or necessary:
Any allergies to the following? (Check one) [] NO [] YES If "YES", please describe below.

Food Please list foods, severity, and if EpiPen is needed: _____ EpiPen needed? [] No [] Yes

Medications Please list all medications allergic to: _____

Environmental Allergen/s Please list allergens, severity, and if EpiPen or inhaler is needed: _____ Inhaler needed? [] No [] Yes
 _____ EpiPen needed? [] No [] Yes

Any other special medical concerns or needs? Please describe: _____

***Some medical conditions require pre-approval to attend camp, discuss with your Children's Pastor**

1. Write the name of medication and/or vitamin supplement your camper or Jr. Leader is/are taking and fill in directions below.
2. Camp will have Registered Nurses onsite.
3. It is *not necessary* to send any pain relievers, Neosporin, or generic allergy medications to camp.
4. **DO NOT send loose meds or vitamins – Campers may not take. Must be in original bottles. NO EXCEPTIONS!!!**

(DO NOT write in "DAY" columns!!! To be filled out by medical staff)

	Medication or Vitamin Name	Directions & Frequency	Fri	Sat	Sun
1					
2					
3					
4					
5					