



Camp Fire USA Orca Council

Medical Information Form

Name: _____ Age: _____ Home Phone: (____) _____

Address: _____ City _____ State _____ Zip _____

Female Male Date of Birth _____ Physician: _____ Phone: (____) _____

Parent 1 Name: _____
 Home: (____) _____ Work: (____) _____ Cell: (____) _____
 Parent 2 Name: _____
 Home: (____) _____ Work: (____) _____ Cell: (____) _____

In case we cannot reach you, list several relatives or friends whom you authorize to act on your behalf, including health care decisions, **and** to whom child can be released at the end of camp or during the session for whatever reason:

Name _____ Relationship to Child _____ Phone (____) _____

Name _____ Relationship to Child _____ Phone (____) _____

Any activity restrictions? _____

1. Known Allergies & Intolerances Reaction Medication and/or Care/Treatment

Foods:	Reactions: _____	Treatment _____
Medications:	Reactions: _____	Treatment _____
Plants:	Reactions: _____	Treatment _____
Insects:	Reactions: _____	Treatment _____
Other (chemicals, latex, etc.)	Reactions: _____	Treatment _____

2. Give the dates (year) of the last immunization or booster, or attach a copy of official immunization record:

_____ Tetanus _____ Chicken Pox _____ Measles/Rubella _____ Mumps _____ Flu _____ Diphtheria/Pertussis (DTaP/DT) _____
 Hepatitis A _____ Hepatitis B Has your child had chicken pox? Yes No

3. Emotional and Social Health - Check all that apply: __ (ADD) __ ADHD __ Hyperactivity __ Learning disability __ Emotional health concern __

Describe severity and management plan (attach separate sheet to give details):

4. List ALL medications child is bringing to camp (include prescription & over-counter meds, vitamins, and ANYTHING else used to change or improve child's health status) * All medications must have: 1. Original pharmacy or manufacturer bottle 2. child's name 3. current date 4. directions from pharmacy or physician in English on official forms (parent instructions for prescription medications are NOT accepted) * Over-the-counter meds and vitamins must all be in their ORIGINAL containers, NOT "pill organizers" nor travel jars. * Unacceptable: expired meds; meds prescribed for sibling or anyone else (even if the medication is identical to what child takes); dosages changed by parent without doctor's approval in writing. * If child is not using a medication this summer that she/he normally uses during school year, send some to camp just in case it becomes necessary.

Name of medication	Dosage	Purpose	Effects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Following are the over-the-counter medications we use for common ailments that arise at camp. We are limited to dispensing only these medications without further permission from a physician or parent/guardian. Check here to give permission for the camp to administer the following if deemed necessary. Feel free to cross out any products that you do NOT want your child to have.

Tylenol, Ibuprofen, Tums, Pepto Bismo, Kaopectate, Insect repellent (with DEET), Benadryl, Chlor-Trimeton, Calamine or Caladryl lotion, Altoids or peppermint, Aloe Vera gel, Robitussin, Choraseptic spray, throat lozenges, Antibiotic ointment
 In life threatening emergency: Epinephrine 2%

Dear Parents: Camp Staff will make every effort to contact you by phone if your child becomes ill or injured. We prefer to involve you in decisions about every aspect of your child's health, and will attempt to reach you for all but minor injuries and illnesses. We may also call you to consult about behavioral and emotional problems, homesickness and other things your child might experience, particularly if we are having trouble with the situation. Thank you for telling us all you can on this form about your child ... it will greatly help our ability to work with him or her! ONLY camp staff and professional providers on a need-to-know basis will see this information. Attach extra sheets inside if you need more room to write.

Parent's Camping Authorization and Consent to Treatment

I attest that my child (child's name) _____ is in good health and able to actively participate in camp activities except as noted in this form. I take full responsibility to see that my child is properly prepared for camp including having proper clothes and equipment and being in good health. I authorize the camp to provide routine health care, administer prescribed and over-the-counter medications that I am sending to camp, as well as any medications recommended by the camp's physician for various problems except as I have noted above. I authorize the camp to share information in this Medical Information form with selected camp staff (counselor, health care and inclusion staff, etc.) and professional health care providers on a need-to-know basis. In case of medical emergency or need for medical treatment, after every reasonable effort has been made to contact me, the family physician or one of the alternates listed on this form or my child's Camp Registration Form, I hereby give my permission to the physician secured by the camp to hospitalize, secure treatment for and to order injection, anesthesia or surgery for my child named above. I authorize the camp to arrange and/or provide necessary related transportation for my child. I agree to be responsible for expenses incurred in the care and treatment of my child.

Health Insurance Company _____ Name of primary insured person _____

Signature of Parent/Legal Guardian _____ Date _____

Print Name _____ Relationship to child _____