

REQUIRED INFORMATION

All forms must be complete and submitted prior to your camper's arrival. No child will be permitted to stay at camp without proper health forms on file. Be sure that all necessary forms are signed.

This packet can also be downloaded from your camper's account in the Campwise system. Physician forms and insurance information will be available to our Wellness Center Staff and sent to the Emergency Department or Doctor's Office should it be necessary.

NECESSARY FORMS CHECKLIST

PAPER FORMS: Health forms are due by May 1st. We prefer that they are emailed to registration@ymcade.org. Alternately, they may be faxed (410-348-6023) or mailed.

_____ Physician Health Form- In compliance with state law and the American Camp Association (ACA) camping standards, **all campers are required to have a physical examination within 12 months of camp attendance** and a health history completed new each year. The date of the exam is required.

_____ Physician Medication Administration Authorization- Required for campers taking ANY medication (prescription or over-the-counter) at camp. Must be completed by the physician and signed by guardian.

_____ Insurance Card- This is required for all campers. Include a legible copy of the front and back of your camper's health insurance card. If you have a separate prescription medication card, please include this with your packet as well.

ONLINE FORMS: (located in your camper's online account)

_____ Health History- Parent to Complete- Guardians provide camp with health history and current health information. By signing this form, you give camp permission to seek treatment for your camper if needed.

_____ Camper Profile Form- Helps the camper's cabin counselor(s) familiarize themselves with your child.

_____ Disclaimer and Acknowledgement- Guardians will sign off that they understand the refund, release of Liability, Medical Insurance, and marketing policies.

_____ Parent Handbook and Behavior Contract Acknowledgement Form- Verifies that you have read and understand the content in the Parent Handbook and that you have reviewed the Behavioral Contract with your child.

_____ 1/2 Week Program Additional Information- On this form you will provide information regarding payment plans, stay over weekends, laundry service, Y membership, and Y employment.





MEDICATION ADMINISTRATION AUTHORIZATION- CAMP TOCKWOGH

24370 Still Pond Neck Road, Worton MD 21678; 410-348-6000; fax 410-348-6023

THIS FORM must be complete and legible for any and ALL prescription medications and over the counters to be brought to camp. ALL medications must be in original containers and instructions must match prescription label exactly. ALL medications must be **checked in** at Wellness by a parent. If more space is needed, please attach a second sheet and indicate # of pages on the front.

CAMPER NAME _____ DOB _____ WT _____

ALLERGIES _____

TO BE GIVEN ROUTINELY- PRESCRIPTIONS/ OVER THE COUNTER:

Medication dose route frequency/time indication special instructions/known camper- specific side effects

1- _____

2- _____

3- _____

TO BE GIVEN AS NEEDED (PRN)- PRESCRIPTIONS/OVER THE COUNTER:

Medication dose route frequency/time indication special instructions/known camper- specific side effects

1- _____

2- _____

3- _____

SELF-CARRY EMERGENCY MEDS/SELF-ADMINISTER- Check SC and/or SA for each

SC: SELF-CARRY- MUST BE AN EMERGENCY RESCUE MEDICATION (i.e., epi-pen, rescue inhaler).

Parent and physician signature on this document attests that it is prescribed that this camper **self-carries** this Emergency Rescue Medication. That the camper understands that the medication must be on their person at all times and **may not be left in the cabin**.

SA: SELF-ADMINISTER- Parent and physician signature certify that if the camper also self-carries, they are thoroughly trained regarding storage, symptoms, technique of use and administration, and that **camper agrees to notify wellness staff of any such use**. Unless also listed as an emergency self-carry med, all self-administer meds will be kept in wellness and given under the supervision of a designated staff member.

Medication Name dose route frequency indication special instructions/known camper-specific side effects

1- _____ [] SC; [] SA

2- _____ [] SC; [] SA

3- _____ [] SC; [] SA

*****PHYSICIAN AUTHORIZATION** for the above medications for the duration of Camp Tockwogh 2017 season.

Signature, title, and date _____

Phone and fax _____

PARENTAL CONSENT: I request certified youth camp staff to administer the medication as prescribed. I confirm that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA. I verify that the child has at some point taken the medication at this dosage prior to attending camp. And that I have read and authorize the consent for self-carry/self-administration if it pertains.

Parent/Guardian Signature _____

Date _____