

## 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 **April 1<sup>st</sup>**. We prefer that they are emailed to [registration@ymcade.org](mailto:registration@ymcade.org). Alternately, they may be faxed (410-348-6023).

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.



**THIS COMPLETED FORM IS REQUIRED FOR CAMP ATTENDANCE**

\*\*\*Please provide dates and details.

Return by April 1<sup>st</sup> to: [registration@ymcade.org](mailto:registration@ymcade.org) or fax 410-348-6023

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



**DATE OF PHYSICAL EXAMINATION:** \_\_\_\_\_ \*\*Physicals must be completed within 1 year of starting camp\*\*

Camper Name \_\_\_\_\_  
last first

DOB: \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Gender: \_\_\_\_\_ BP/HR: \_\_\_\_\_ Wt: \_\_\_\_\_

\*\*\*ALLERGIES  NKA \_\_\_\_\_

\*\*\*Chronic or recurring illness condition  NONE; \_\_\_\_\_

\*\*\*Significant past/recent history: (e.g. head injuries, seizures, emotional disorder). Include dates and how does this currently affect the child at camp this season?  NONE; \_\_\_\_\_

\*\*\*Current treatment: We would like to be aware of any medications the camper receives throughout the year; however, all medications (prescription or over the counter) to be brought to camp, MUST be detailed on the separate Medication Administration Authorization or they cannot be given.  NONE; \_\_\_\_\_

\*\*\*Activity restrictions;  NONE; \_\_\_\_\_

\*\*\*Date of last tetanus shot \_\_\_\_\_ Are vaccinations up to date? [ ] YES [ ] NO

\*If no, please list exempt/missing immunizations. \_\_\_\_\_

Non international campers- please do not attach vaccination record.

International campers/ staff- List country of residence: \_\_\_\_\_ and attach form DHMH-896 (vaccination/immunity record). Call the office to obtain at 410-348-6000.

\*\*\*PHYSICIAN STATEMENT: I have examined this child and reviewed his/her health history. It is my opinion that this child is physically able to take part in all camp activities unless noted above. And that all vaccinations are up to date unless otherwise noted above.

Physician's SIGNATURE		Today's Date
Address	Phone	Fax



# 2018 MEDICATION ADMINISTRATION AUTHORIZATION- CAMP TOCKWOUGH

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- ONLY EPINEPHRINE OR INHALER OR INSULIN** that the camper ROUTINELY self-carries. Parent and physician signature on this document attests that it is prescribed that this camper self-carries this Emergency Rescue Medication; and understands that the medication must be on their person at all times and that **NO MEDS MAY BE LEFT IN THE CABIN**. The signature also attests that they are thoroughly trained regarding storage, symptoms, technique of use and administration, and that **camper agrees to notify wellness staff of any such use. SELF-ADMINISTER-** In rare specific cases, campers may self-administer other medications. Parent and physician signature certify that the camper routinely self-administers and is trained as above. Unless also an emergency rescue self-carry med, all self-administer meds will be kept in wellness and given under the supervision of a designated staff member.

### SELF-CARRY EMERGENCY MEDS/SELF-ADMINISTER- Only for Epi-Pen or Inhaler

Medication Name	dose	route	frequency	indication	special instructions/known camper-	specific side effects
1-	_____	_____	_____	_____	_____	_____
2-	_____	_____	_____	_____	_____	_____
3-	_____	_____	_____	_____	_____	_____

**\*\*\*PHYSICIAN AUTHORIZATION** for the above medications for the duration of Camp Tockwogh 2018 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 \_\_\_\_\_