

Camp Medical Forms

Return To School by Friday, May, 6 2022

Medical Information

Students Name: _____

Date of Tetanus Shot: _____(Month/Year)

Allergies to: _____ Treatment: _____

Allergies to: _____ Treatment: _____

Asthma: _____ Treatment: _____

Medical Condition(s): _____

Dietary Needs/Restrictions: _____

Activity Restrictions: _____

Permission to test student for Covid if symptomatic. Yes _____ NO _____

The school nurse may administrator generic medications as needed:

Tylenol Yes__ No__ ***Advil*** Yes__ No__ Tums Yes__ No __

Benadryl Yes__ No __

SEE OTHER SIDE

Medication

If your son/daughter will need to take medication at Camp Canadensis, the medication must be brought to the nurse's office by **Monday, May 16, 2022**. This includes prescription and over-the-counter medication. All medications **MUST** be in the **original RX container** and be accompanied by written **Permission from both physician and parent**. Medications at Camp Canadensis must be kept in the First Aid Office and dispensed by the nurse. We will stock generic Tylenol, Advil, Tums and Benadryl only.

****No Medications May Be Carried By Students****

***The above policy only applies to children whose parents are not accompanying them on the trip!**

Student Name: _____

1. Medication Name & Dosage: _____

Instructions: _____ Time: _____

Reason: _____

2. Medication Name & Dosage: _____

Instructions: _____ Time: _____

Physician's Signature: _____ **Parent Signature:** _____

Emergency Contact Information

Parent #1 Name: _____ Parent #2 Name: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

***I hereby give permission for my child to be given emergency treatment in accordance with the school physician's orders and to be taken to the nearest hospital if necessary.** _____

(Parent/Guardian Signature)