

Camp Canadensis Fifth Grade Environmental Education Trip

Health and Medical Information and Emergency Contact Form

Parent/Staff Member Name: _____

RETURN TO SCHOOL BY MAY 1, 2026

MEDICAL HISTORY/INFORMATION:

Are you allergic to any drug, insect bite, food, etc. that would require medication or hospitalization?

NO _____ YES _____

Explanation: _____

Are you currently taking any medication(s)? NO _____ YES _____

Daily Schedule for medication(s) is as follows:

(This information is being requested in the event of emergency)

Do you have any medical condition requiring special attention such as Asthma, Diabetes, Seizures, Cardiac condition, etc.?

NO _____ YES _____

Explanation: _____

I hereby give my permission to be given emergency treatment in accordance with a physician's orders and to be taken to the Pocono Medical Center in Stroudsburg, Pa, if necessary: NO _____ YES _____

Signature _____ Date _____

Health/Hospitalization Insurance Carrier: _____

Policy Number: _____

(Turn page over to record emergency contact information)

Parent/Staff Member Name: _____

Telephone numbers where family members can be reached in an Emergency.

1. Name: _____

Relation: _____

Home Number: _____

Work Number: _____

Cell Phone: _____

2. Name: _____

Relation: _____

Home Number: _____

Work Number: _____

Cell Phone: _____

In the event that neither person above can be reached, is there anyone else we can contact? Is so, please provide name(s) and all available phone numbers below.

Camp Medical Forms

Return To School by May 1, 2026

Medical Information

Student Name: _____

Emergency Contact Information

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

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Date of Tetanus Shot: _____ (Month/Year)

Allergies: _____ Treatment: _____

Asthma: _____ Treatment: _____

Other Medical Condition(s): _____

Dietary Restrictions/Needs: _____

Activity Restrictions: _____

Check which generic medications the school nurse may administer as needed:

Tylenol Yes ___ No ___ Advil Yes ___ No ___

Tums Yes ___ No ___ Benadryl Yes ___ No ___

***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): _____

SEE OTHER SIDE

Medication

If your son/daughter requires medication at Camp Canadensis, the medication must be brought to the nurse's office by **Monday, May 15, 2023**. 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 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: _____

Reason: _____

Physician's Signature: _____ Parent Signature: _____