Camp Medical Forms

Return To School by Friday, May 12, 2023

Medical Information

Student Name: **Emergency Contact Information** Parent #1 Name: ______ Parent #2 Name: _____ Cell Phone: _____ Cell Phone: _____ Email: _____Email: _____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 will need to take 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 <u>**MUST**</u> be in the <u>original RX container</u> 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

<u>*The above policy applies to children whose parents are not accompanying them on the</u> <u>trip*</u>

Time:
Time: