

# Brown City Youth Camp

## Dorm Health Form

Please bring this completed form with you to camp.  
No camper will be checked in without this form!

Camper Name \_\_\_\_\_

Male / Female \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Roommate request \_\_\_\_\_

Is a parent(s)/guardian(s) staying on the camp grounds? Yes / No

If yes, name of parent/guardian on the camp lot \_\_\_\_\_

Lot # \_\_\_\_\_ Street \_\_\_\_\_ Nights parent/guardian staying \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

ALLERGIES \_\_\_\_\_ To Medication? If yes, list \_\_\_\_\_

\_\_\_\_\_ Environment? If yes, list \_\_\_\_\_

\_\_\_\_\_ Foods? If yes, list \_\_\_\_\_

**MEDICATIONS** All medications (prescription and over the counter) must be given to the camp nurse at **check-in**. Medication must be sent in the **original containers** and labeled for this camper, because of the number of meds dispensed we are only able to give them at meals and bedtime unless it is critical they be given at another time. Campers are responsible for reporting to the nurse for meds at appropriate times.

Medication	Dose	Frequency/Time	Reason for Med

**The camp nurse stocks the following medications:**

Acetaminophen (Tylenol)	Antacid	Antibiotic Cream	Calamine Lotion
Cough Suppressant	Decongestant	Diphenhydramimne (Benadryl)	
Hydrocortisone Cream	Ibuprofen (Motrin)	Imodium (Anti Diarrhea)	

\_\_\_ It is OK to give my child these meds if indicated per standard camp treatments.

\_\_\_ It is OK to use these meds except \_\_\_\_\_.

**Is your child having difficulty with any of the following conditions? (Please Check)**

___ ADHD	___ Dental Problems	___ Heart Trouble/Murmur
___ Asthma/Wheezes	___ Diabetes	___ Infectious Diseases
___ Bed Wetting	___ Frequent Ear Aches	___ Sleep Walking
___ Constipation	___ Frequent Sore Throat	___ Skin Rash
___ Seizures	___ Menstrual problems	

Are your child's immunizations up to date? \_\_\_ No \_\_\_ Yes Date of last tetanus \_\_\_\_\_

Conditions limiting participation in activities? \_\_\_ No \_\_\_ Yes If yes, please list \_\_\_\_\_

Is your child on a special diet? \_\_\_ No \_\_\_ Yes If yes, Type \_\_\_\_\_

Please contact the camp at least 2 weeks prior to camp to make arrangements with the kitchen. Please attach a detailed list of allowed and prohibited foods.

Additional medical information, previous surgeries/injuries/serious illnesses/dietary concerns \_\_\_\_\_

**Parent/Guardian Consent**

Unless otherwise noted, my youth is permitted to participate in all activities at Brown City Youth Camp. In an emergency, I grant permission to Brown City Youth Camp to secure emergency treatment, surgical treatment, and/or routine medical care for the person named on this form while at camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_