

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 _____