

Camp Buckeye Camper Medical Form 2011

Camp _____ Year _____

Camper's Last Name _____ First Name _____ Date Attending Camp _____
 Address _____ Phone _____
 Age _____ Birthdate ____/____/____ Sex _____ Height ____ ft. ____ in. Weight _____
 Parent/Guardian's Name _____ Daytime Phone _____
 Parent/Guardian's Name _____ Daytime Phone _____
 Other Emergency Contact _____ Daytime Phone _____
 Family Doctor's Name _____ Doctor's Phone _____
 My insurance is with _____ Policy Number _____

Allergies:

- Medications _____ Insects stings or bites Animals _____
 Seasonal (e.g. Hayfever) Foods _____ Other _____

Please describe reactions and treatments for any allergies _____

- Please check if camper carries Epipen Medical Alert Bracelet Inhaler

General Health:

- Please check if any of the following conditions apply to the camper
- Ear Aches Seizures Attention Deficit (ADD) Skin Conditions
 Eating Disorders Homesickness Sinus Infections Heart Conditions
 Sleepwalking Sore Throat Bronchitis Bedwetting
 Head Aches Diabetes Emotional Concerns Stomach Aches
 Asthma (Please indicate whether or not the camper must carry inhaler at all times) Yes No

Please explain extent of health issues, _____
 issues checked above, and _____
 treatments given.

Are all required immunizations current? Yes No

Please list any food allergies. _____

Please list any recent illnesses, injuries, or operations. _____

Please list any activity that should be limited while at camp and why. _____

Medications:

Please list any medications that the camper is currently taking and bringing to camp, using the table below. **Medication MUST be in original bottle or blister pack.** Camper's name, name of medication, and dosage information must be clearly visible. Campers are not permitted to keep any medications in their cabins.

Prescription Medication	Dosage	Time of Day		As Needed Medication	Dosage	Reason for Giving

Does the camp's medical personnel have your permission to administer over-the-counter medications to your child, as required? (Such as Tylenol, antihistamine, antacid, etc.) Yes No

I give my permission for the above named camper to take a full and active part in the program at Camp Buckeye and to receive medical treatment in the case of an accident which may occur while he/she is registered at Buckeye. I understand that sickness is not covered by insurance. If medical treatment is necessary, I give permission to take the above named camper to a doctor. I further give permission & request that the named Rx medication(s) be given as ordered on the pharmacy container.

Signature: _____ Name (please print) _____ Date: _____

Release Forms

Release Data:

_____ may be released at the end of their stay at Camp Buckeye on the date of ____/____/____
Name of Camper

to the following person(s)_____.

Signed and dated by Parent or Guardian: _____, ____/____/____

***NOTE: If there is a change in these plans, please notify the camp by phone or in writing. Thank You!**

Camp Buckeye Parental Permission for Photographs

At Camp Buckeye we strive to respect the wishes of parents and guardians regarding their children. We normally take pictures of campers and staff during our summer programs. Sometimes these pictures are then used for camp publicity purposes (**we do not publish campers' names**) (brochures, newsletters, website, etc.). Please fill in ONE of the two sentences below that reflects your wishes in this area:

*I give permission for photographs of my child(ren)_____ taken during
child(ren)'s name(s)
Camp Buckeye's 2011 summer programming to be used in camp publications, printed and electronic.*

Signature_____ Date_____

*I do NOT give permission for photographs of my child(ren)_____
child(ren)'s name(s)
to be used in any Camp Buckeye publications, printed or electronic.*

Signature_____ Date_____

Each Camper will receive a free Camp Buckeye T-shirt. Please circle appropriate size below:

Youth: S M L

Adult: S M L XL XXL