

Health Care Recommendations

**GENERAL INFORMATION SECTION**

**CAMPER NAME:** \_\_\_\_\_ Birthdate: \_\_\_\_\_

I have examined the above camp participant. Date of exam \_\_\_\_\_ BP \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

In my opinion, the above applicant \_\_\_\_\_ is \_\_\_\_\_ is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions.

---

Current treatments at the time of this report include: \_\_\_\_\_ Are these to be continued at Camp? YES NO

---

**Recommendations and Restrictions at Camp and Additional Information for Camp Health Care Staff**

---

Any medically-prescribed meal plan or dietary restrictions? \_\_\_\_\_

Known Allergies \_\_\_\_\_

Describe any limitations or restrictions on camp activities: \_\_\_\_\_

**MEDICATION SECTION: NO MEDICATIONS OF ANY SORT INCLUDING OTC SUBSTANCES (VITAMINS, FLUORIDE, ETC.) CAN BE GIVEN AT CAMP WITHOUT EACH BEING LISTED AND SIGNED**

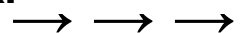
*SECTION I: PRESCRIPTION MEDICATIONS to be administered at camp:*

Drug Name	Dosage	Frequency	Route	Reason	HEALTH CARE PROVIDER SIGNATURE FOR EACH

*SECTION II: SPECIFIC OVER-THE-COUNTER MEDICATIONS to be administered at camp including vitamins, fluoride, supplements, and any other substances.*

Drug Name	Dosage	Frequency	Route	Reason	HEALTH CARE PROVIDER SIGNATURE FOR EACH

**PLEASE TURN OVER AND COMPLETE THE BACK.**



**Health Care Recommendations, continued.**

**MEDICATION SECTION: NO MEDICATIONS OF ANY SORT INCLUDING OTC SUBSTANCES (VITAMINS, FLUORIDE, ETC.) CAN BE GIVEN AT CAMP *WITHOUT EACH BEING LISTED AND SIGNED***

*MEDICATION SECTION III: PRN MEDICATIONS stocked by the Health Office to be administered at camp:*

Drug Name	Dosage	Frequency	Route	Reason	HEALTH CARE PROVIDER SIGNATURE FOR EACH
Epinephrine 1:1000	0.15 - 0.25 mL	Q10 min PRN may repeat x1	SubQ	Severe Generalized Allergic Reaction	
Diphenhydramine HCL	25 - 50 mg	Q4 - 6h PRN	PO	For Pruritis or Allergic Reactions	
Acetaminophen	325 - 650 mg	Q3 - 4h PRN	PO	For T > 100° or Discomfort	
Ibuprofen	200 - 400 mg	Q 4 - 6h PRN	PO	For T > 100° or Discomfort	
Pseudoephedrine	30 - 60 mg	Q4h PRN	PO	For Nasal Congestion	
Generic Tums	1-2 Tablets	Q2 - 3 PRN	PO	For GI upset	
Generic Robitussin DM	5-10 mL	Q4h PRN	PO	For Cough	
Antibiotic Ointment	To scrape or wound	PRN	Topical	To Wound or Skin Irritation	
Hydrocortisone Cream	1%	Q3 - 4h	Topical	For Skin Irritation	
Generic Cough Drops	1	PRN	PO	For Simple Cough or Throat Irritation	

Signature of Health Care Provider / Physician _____	
Printed _____	Title _____
Address _____	
Phone _____	Date _____

Thanks for your assistance in helping keep our campers healthy!

If you have any questions, please contact Dana Beck at (800) 982-3538.