

CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

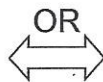
YES, Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations? NO

YES, List them: _____

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: _____ Date: _____

MEDICATION ADMINISTRATION AUTHORIZATION FORM

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

I. CAMP OPERATOR			
<p>This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.</p> <ul style="list-style-type: none"> • Prescription medication must be in a container labeled by the pharmacist or prescriber. • Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines. • An adult must bring the medication to the camp and give the medication to an adult staff member. 			
II. CAMP INFORMATION			
YOUTH CAMP NAME			
PHYSICAL ADDRESS			
CITY		STATE	ZIPCODE
III. PRESCRIBER'S AUTHORIZATION			
CHILD'S NAME		DATE OF BIRTH	
CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		EMERGENCY MEDICATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICATION NAME	DOSE	ROUTE	
TIME/FREQUENCY OF ADMINISTRATION		IF PRN, FREQUENCY	
IF PRN, FOR WHAT SYMPTOMS			
KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
MEDICATION SHALL BE ADMINISTERED <i>(NOT TO EXCEED 1 YEAR)</i>		FROM	TO
PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE		
PRESCRIBER'S SIGNATURE <i>(Parent cannot sign here)</i> <small><i>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</i></small>			DATE
IV. PARENT/GUARDIAN AUTHORIZATION			
<p>I request the authorized youth camp operator/staff to administer the medication or supervise the camper in self administration if authorized as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA.</p>			
PARENT/GUARDIAN SIGNATURE			DATE
HOME PHONE #	CELL PHONE #	WORK PHONE #	
V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY			
<p>I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self carry emergency medication if indicated below.</p>			
PRESCRIBER'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not emergency medication		DATE
PARENT/GUARDIAN'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not emergency medication		DATE