

Medical Information

Allergies To: Drugs: _____ **Food:** _____ **Environmental:** _____

- **Attach copy of Immunization record**
- **Attach copy of Medication List**

Seizures Yes ___ No ___ Type _____ Frequency _____
 Most likely to occur _____ Date of last seizure _____
 Description: _____

Camper has or is susceptible to: (Please Circle)

| | | | |
|----------------|-----------------|--------------|--------------|
| Bruises | Bedwetting | Hernia | |
| Shunt | Asthma | Arthritis | Other: _____ |
| Strokes | Eating disorder | Diabetes | _____ |
| Headaches | Diarrhea | Gall Bladder | _____ |
| Heart Problems | Constipation | Problems | |
| Kidney Disease | Ulcers | | |

MEDICATION REQUIREMENTS-----

Camper medications **MUST** be prepared in a multi-dose or medication cassette (preferably prepared by a pharmacist). These will increase efficiency and provide for greater safety in medication administration. Pre-packaged medications have a set of compartments or “bubbles” for each day of the week. The medications are packaged together, according to the time they are to be administered. Please send **ONLY** the medication for the length of stay plus an additional dose. The medication bubble pack or cassette must be labeled with the camper’s name. A current list of the camper’s medications to include name, dose & administration times is also required. No individual packaging techniques of any type (envelops, bags, bottles) will be accepted. We will no longer accept prescription bottles, except for liquid medications. Failure to have pre-packaged medications **WILL RESULT IN DELAYED CHECK-IN & POSSIBLE FEES**. Medications may be shipped to camp in advance of camp attendance. Preferential check-in is given to those with medications already on site.

Contact in case of a medication shortage:

Pharmacy _____ Phone Number: _____
 Medicaid Number: _____ Title XIX Number: _____
 Insurance Company _____ Phone Number _____

- **Attach copy of current Medicaid/Title XIX/ or Insurance Card.**
- **Copy of Current Medication List (please include any non-prescription products, too.)**
- **Copy of Current Medication Administration Records (MARS) for all campers residing in facilities or group homes.**

American Camp Association requires each camper must have had a medical exam by a licensed medical provider in the past 12 months. The camp must keep the physical, immunization record, & medication list on file for credentialing purposes.