

## Health Management and Participation Form

### Please bring this form with you to Registration

Camper Name: \_\_\_\_\_

Camp: \_\_\_\_\_ Date of Camp: \_\_\_\_\_

**Camp policy requires that all medications (prescription and non-prescription) be left with the camp health care coordinator at registration.** This includes creams, ointments, syrups, pills, etc. All medications must be in original containers with labels. In order to expedite registration and confirm instructions, we ask that you fill in this form completely. Please be sure to list all medications you will be leaving. *This information will be kept confidential*

- \_\_\_\_\_ I am not leaving any medications.  
 \_\_\_\_\_ YES YOU MAY give my camper non-prescription medication if needed  
 (i.e. Tylenol, ibuprofen, benadryl).  
 \_\_\_\_\_ DO NOT give my camper ANY non-prescription medication

	Medication	Dose Amount	Times to be given	Special directions	Side Effects?
<i>Ex.</i>	<i>Sugar</i>	<i>1 tsp</i>	<i>breakfast &amp; bedtime</i>	<i>with juice</i>	<i>gets very happy</i>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

**All medications will be kept in the infirmary** in a locked cabinet, except those medications that must be carried by staff or camper (such as epinephrine). If you would like your camper to carry their epinephrine or inhaler(s) with them, please sign and date below.

\_\_\_\_\_ I would like my camper to carry their \_\_\_\_\_ with them.  
 (type of medication)

\_\_\_\_\_  
 Parent/Guardian signature

*Please pick up any remaining medications at the end of camp on Friday*

I authorize Caroline Furnace to distribute medications as described above. My child has permission to participate in all aspects of the program at Caroline Furnace Lutheran Camp & Retreat Center, except as noted. I hereby give my permission to the physician selected by the camp to secure proper treatment for my child as named above. Caroline Furnace will make every effort to contact me if my child needs emergency treatment. I understand that my insurance has primary coverage and Caroline Furnace insurance is secondary. I also give permission for any picture taken of my child to be used for promotional purposes both on and off the internet.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<i>(for camp use)</i>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							