

YMCA Camp DeBoer Camper Medical Form

**** FILL OUT BOTH SIDES OF THIS FORM****

(3 page document)

Child's Name: _____ Birthdate: _____ Weight: _____

YMCA Camp DeBoer Formulary/Medication Administration Consent

I have reviewed the camp formulary that will be followed by the nurse or a trained staff member at camp and give permission for its use in the care of my child.

Parent Signature: _____ Date: _____

OR

I have reviewed the camp formulary that will be followed by the nurse or a trained staff member at camp and give permission for its use in the care of my child with the following exceptions:

Parent Signature: _____ Date: _____

If bringing other medications to camp, it must be in the original container and listed on this form. All medications will be kept in the first aid room and dispensed by the nurse or trained staff. (This includes over the counter as well as prescription medication.) Prescription medication must be in the bottle with the original pharmacy label. Please complete below:

In addition, my child has permission to take the following medications brought from home:

Medication	Dosage	Time	Route	Purposes
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent Name/Signature: _____ Date: _____

***Best # to contact parent for medical concerns: _____

For questions regarding this form or to discuss confidential health information please call Belinda Brown, RN at 541-261-6098.

PLEASE RETURN FORM TO THE YMCA BY:

July 12th for Session 2, beginning July 18th
July 19th for Session 3, beginning July 25th
July 26th for Session 4, beginning August 1st
Aug. 2nd for Session 5, beginning August 8th



Return to:
info@ymcacampdeboer.org or
Ashland Family YMCA
540 YMCA Way, Ashland, OR 97520

Camper's Name _____ Camper Medical Information

Please help us make you child's Y-Camp experience even safer by completing ALL of the Camper Medical Information.

Please check all conditions that the camper currently has or has had in the past:

- _____ Asthma _____ Heart Condition _____
- _____ Personal best on peak flow _____ Specify _____
- _____ Cancer Type _____ Hypoglycemia (Low Blood Sugar) _____
- _____ Remission Date _____ Measles _____
- _____ Cerebral Palsy _____ Migraines (diagnosed by Doctor) _____
- _____ Chickenpox _____ Missing Limb/Appendage _____
- _____ Dental braces/retainer (circle) _____ Location _____
- _____ Developmental Delay _____ Mumps _____
- _____ Diabetes _____ Prosthesis _____
- _____ Ear Tubes _____ Location _____
- _____ Eye glasses/contacts (circle) _____ Ringing in Ears _____
- _____ Fainting Spells _____ Seizures _____
- _____ Headaches _____ Swimmers Ear _____
- _____ Hearing Aid _____ Tuberculosis _____
- _____ Other _____ Other _____

Information for camp nurse or doctor (i.e. procedures needing performed, ect):

Is the camper currently under his/ her physician's care? Yes No
 If yes, why? _____

Date	Hospitalization/Surgery/Broken Bones	Explanation

Immunization Status

Tetanus: Month _____ Year _____
 Chickenpox: Month _____ Year _____



REQUIRED INFORMATION

Camper Interaction Information

Please help us make your child's Y-Camp experience even more valuable with your suggestions and comments for our staff.

Information for the counselor concerning activities, restrictions or behavior needs:

Activity Restrictions	Why	By Whom

Allergies:

Medication	Reaction	Treatment
Food	Reaction	Treatment
Other	Reaction	Treatment

2021 YMCA CAMP DEBOER FORMULARY

Children's acetaminophen: As directed by weight every 4 to 6 hours prn minor ailments such as pain, headache, low-grade fever, toothache, and minor injury.

Children's ibuprofen: As directed by weight every 4 to 6 hours prn minor ailments such as pain, headache, low-grade fever, toothache and minor injury.

Baking Soda paste topically to insect bites prn.

Calamine Lotion topically to minor rashes, sumac, and insect bites prn.

Diphenhydramine cream 2% topically to minor rashes, sumac, and insect bites prn.

Solarcaine spray topically for minor sunburn discomfort, minor burns, sumac, minor insect bites and rashes prn.

Hydrocortisone 1% cream apply two to four times daily for minor rashes prn discomfort.

Diphenhydramine children's oral syrup or chewable tablets dosed by weight as directed orally every 4 to 6 hours prn minor allergy, sumac, rash insect bites.

Saline gargle for minor sore throat or minor mouth trauma prn.

Throat lozenges for minor sore throat pain prn.

Triple Antibiotic cream/ointment to minor wounds prn.

Hydrogen Peroxide 3% to cleanse minor wounds prn.

Sterile Saline to cleanse wounds prn.

Providone Iodine topically to wounds prn.

May train Camp Director & Staff in administration of Epi-Auto Injectors utilizing State Curriculum.

Epi-Auto Injector adult size for those over 66 pounds prn anaphylactic symptoms as directed every 15 minutes until emergency personnel arrive. Emergency transport and evaluation will be initiated for every anaphylactic reaction regardless of response to epi-pen. For those who can swallow, dose with oral diphenhydramine with epi dose.

Epi-Auto Injector junior size for those under 66 pounds prn anaphylactic symptoms as directed every 15 minutes until emergency personnel arrive. Emergency transport and evaluation will be initiated for every anaphylactic reaction regardless of response to epi-pen. For those who can swallow, dose with oral diphenhydramine with epi dose.