

# 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 11!**



### 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) _____   | Ring 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

## 2022 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.