



### Physician & Insurance Information

Full Legal Name \_\_\_\_\_  
 Name of Camp Week Attending \_\_\_\_\_  
 Doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Health Insurance Provider \_\_\_\_\_  
 Group ID # \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

### Medications

If your child requires prescription medication for a current condition, the following procedure must be observed to insure safe and legal administration:

- Prescription medication must be in its original container with an accurate pharmacy label indicating camper's name, medical provider, dose and timing.
- If the directions on the container are different from what the physician is currently prescribing, written instruction from the physician is necessary.
- Place all necessary medication in a zip-lock bag labeled with child's name. Give it to the camp nurse at time of registration.
- List below medications needed by your child and the condition for which they are being given. Use additional paper if necessary.

Med _____	Med _____
Condition _____	Condition _____
Instructions _____	Instructions _____
Med _____	Med _____
Condition _____	Condition _____
Instructions _____	Instructions _____

### Over The Counter Medications ♦ Emergency & Liability Release

EFC stocks over-the-counter medications to aid your child for health problems that may arise. The following medications are stocked and dispensed as deemed necessary (per the standing orders of the camp physician) by the camp nurse: *acetaminophen, ibuprofen, antihistamine, throat lozenges, anti-nausea, anti-diarrhea, antiseptic solution, antibiotic ointment, anti-itch cream, ipecac, aloe, eyewash, sunscreen and insect repellent.*

Emergency Rescue meds such as Epi-Pen, Glucose, and Albuterol nebulizer are available for the nurse in the event of anaphylactic reaction, diabetic emergency, or for asthmatics.

If there are any OTC medications that your child cannot take, please list here:  
 \_\_\_\_\_  
 \_\_\_\_\_

I authorize the Eagle Fern Camp medical staff to assist my child with the listed medications he/she will be bringing as indicated by written directions of the prescriber. I further authorize the camp's staff to dispense over the counter medication except exclusions I have listed above. I understand that health care provided by EFC nurses is done so without compensation. They may be held liable for injury, death or loss arising out of providing these services only for acts of gross negligence.

The health information recorded on this form is correct as far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury in camp activities including (but not limited to): swimming, boating, archery, BB guns, water-skiing and challenge course activities. I understand that Eagle Fern Camp has taken safety measures, including having certified staff in first aid, CPR and water safety. As well as making every effort to aid the safety of all camp participants. However, I also recognize that Eagle Fern Camp cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child about the importance of knowing and abiding by the camp rules and regulations and release Eagle Fern Camp from all liability for any injury to the camper. I understand that transportation to and from camp (and any liability thereof) is the responsibility of the camper, and not that of Eagle Fern Camp.

In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied to have a set available for transportation records and for the Eagle Fern Camp office.

### Health History

Camper health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If space is insufficient, please describe on separate paper and attach to this form.

Date of last Tetanus booster \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Please check and explain all that apply:

- |                                        |                                                                     |                                         |
|----------------------------------------|---------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> ADD/ADHD      | <input type="checkbox"/> Asthma                                     | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Tubes In Ears | <input type="checkbox"/> Sleep Walking                              | <input type="checkbox"/> Bed Wetting    |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Severe reactions to food, bee stings, etc. |                                         |

Explanation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any restriction of activity due to disability or for medical reasons?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

Does this camper have allergies?  Yes  No If yes, please specify \_\_\_\_\_  
 \_\_\_\_\_

Any special diet needs? (diabetic, food allergies, etc.) \_\_\_\_\_  
 \_\_\_\_\_

Any other medical conditions of which the camp staff should be aware? If so, please explain \_\_\_\_\_  
 \_\_\_\_\_

### EFC Head Lice Policy

Because head lice are prevalent in our communities, parents are asked to check the camper's hair for evidence of lice and/or nits one week before camp begins to allow adequate time for treatment if necessary. Please confirm the absence of lice/nits the day your child comes to camp. Camp personnel will screen campers for head lice as they arrive. Eagle Fern Camp maintains a strict "No Lice/No Nits" policy. Any camper with evidence of lice at registration will not be admitted to camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_