



TIDAL RIVER CHRISTIAN CAMP

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY CAMP PERSONNEL

The Connecticut Law and Regulations require a physician's or dentist's written order and parent or guardian's authorization for a nurse to administer medication or in the nurse's absence, a designated adult to administer medications. Medications must be in a pharmacy prepared container and labeled with name of child, name of drug, strength, dosage, frequency, physician's or dentist's name and date of original prescription.

PHYSICIAN'S OR DENTIST'S ORDER

NAME OF CHILD _____ DATE _____

ADDRESS _____ DATE OF BIRTH _____

DRUG: Name, dose and method of administration _____

Condition for which drug is being administered _____

Administered From (date) _____ to (date) _____

Relevant side effects to be observed, if any _____

If there are side effects, plan for management _____

Is this a controlled drug? _____ If yes, DEA number _____

Physician's or Dentist's name _____ (type or print)

Address _____ Phone () _____ - _____

Physician's or Dentist's Signature _____ Date _____

AUTHORIZATION BY PARENT OR GUARDIAN for the administration of the above medication by TIDAL RIVER CHRISTIAN CAMP PERSONNEL:

Date: _____

TO CAMP PERSONNEL:

I hereby request that the above medication, ordered by the physician/dentist for my child _____, be administered by camp personnel. I understand that I must supply the camp with the prescribed medication in the original container, dispensed and properly labeled by a physician or pharmacist and will provide no more than a fourteen day supply of said medication. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond close of camp.

Name _____ (Type or Print)

Signature: _____ Relationship to child: _____

Address: _____ Phone: _____

(TRCC Prescription Med Form 2-14)



Each camper must have completed BEFORE he/she comes to camp.

1. HEALTH EXAMINATION RECORD

__ The top section is to be completed and signed by the parent/guardian. This includes Camper Medical History and Parent or Guardian Authorization. The bottom section (Physical Exam) must be signed by a licensed physician, including state license number. This is required for all campers.

__ PRAISE THE LORD! You get to use last year's medical form – ENCLOSED.

Please bring this with you on registration day

2. ADMINISTRATION OF MEDICATION TO CAMPERS – Be sure to see BOTH SIDES of this form.

MEDICAL EXAMINATION MUST HAVE BEEN GIVEN WITHIN 3 YEARS OF THE DATE OF YOUR LAST DAY AT CAMP.

DO NOT return these forms by mail. Bring them when you come to camp.

NO CAMPER WILL BE PERMITTED TO REMAIN AT CAMP ON THE DAY OF REGISTRATION IF HE/SHE DOES NOT HAVE ALL FORMS COMPLETED!!!

Please note the following reminders:

All persons intending to visit camp **MUST** call **((860) 940-0803)** and receive permission from Camp Director before coming to camp. To avoid disruptions to your child's camp experience, parents and guardians are discouraged from visiting during camp week (except for emergencies).

1. Camp will end each week on Saturday between 9:00 & 10:00A.M., campers must be picked up at that time.
2. Registration will be between 3:30 and 4:30 on Sunday afternoon. We ask that campers not arrive before that time so the staff will have time to prepare for opening of camp.
3. Campers should bring a bag supper for Sunday evening.
4. All medications should be clearly labeled and are to be given to the camp nurse upon arrival at camp.
5. Campers should make arrangements for transportation to and from camp. **NO** cars belonging to campers will be allowed to remain on the campgrounds during the week.

_____ is/are scheduled to attend:

__ Junior Week 1 – July 2 – July 8

__ Junior Week 2 – July 9 – July 15

__ Senior Week 1 – July 16 – July 22

__ Senior Week 2 – July 23 – July 29



Administration of Medication to Campers

In an effort to offer the best quality of health care to your child at TRCC, we have updated some of our policies regarding medication administration. Please note the following:

To prevent problems with administration of medication, your child MUST have a medication form completed by his/her physician for any prescription or non-prescription medications which are to be administered to your child while at camp. You will find a medication form enclosed (on back). Blank forms may be duplicated for more than one medication being brought to camp. Medications WILL NOT be administered to your child unless this form is in place.

Over the counter medications will be kept in the nurse's cabin for use by the campers if needed. A list of medications that may be available can be seen below. Please check off any medications which you **DO NOT** want administered to your child by the TRCC health staff.

- Tylenol (acetamenophen)
- Advil (ibuprophen)
- Topical Antibiotic Ointment
- Antihistamine (such as Benadryl)
- Decongestants (such as Sudaphed)
- Cough suppressant (such as Robitussin)
- Pepto Bismal

Please list any medication allergies your child has:

Signature of Parent or Guardian

Tidal River Christian Camp
 Medical Form
 Camp Bethel Road
 Haddam, CT 06438
Youth Camp Health Examination Record

Expiration Date

To Be Completed By Parent or Guardian

Name _____ Sex ____ Age ____ Birth Date _____
 (last) (first)

Address _____ Phone _____
 (street) (town) (state) (zip)

In Emergency Notify _____ Relationship _____
 Address _____ Phone _____

<u>Camper Medical History (check)</u>	<u>Allergies</u>	<u>Chronic/Recurring Illness</u>
Chickenpox _____ Measles _____	Hay Fever _____ Insect Sting _____	Earaches _____ Throat Problems _____
German Measles _____ Mumps _____	Asthma _____ Drugs (specify) _____	Sinus _____ Infections _____
Whooping Cough _____ Other _____	Ivy, Oak, Etc. _____ Foods (specify) _____	Heart _____ Stomach _____
Details of above _____		Epilepsy _____ Rheumatic Fever _____
		Diabetes _____ Menstrual _____
Medications Being Taken (name and explain) _____		Problems _____

Operations, Injuries, Special restrictions (explain and give dates) _____

<u>Immunization</u>	<u>Date</u>	<u>Booster</u>	Parent or Guardian Me Authorization (required for all persons under age 18) This health history is correct so far as I know, and the person named above has permission to participate in all camp activities except as noted by me or the examining physician. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia for surgery for the person named above. Signature _____ Date _____
Diphtheria	_____	_____	
Tetanus	_____	_____	
Pertussis	_____	_____	
Polio	_____	_____	
Measles	_____	_____	
Mumps	_____	_____	
Rubella	_____	_____	
Hepatitis B	_____	_____	
Other	_____	_____	

Physical Examination: To be completed By A Licensed Physician: (Code: 1=Satisfactory 2=Not Satisfactory 0=Not Examined)

Height _____	Weight _____	B.P. _____	Skin _____	Nose _____
Eyes _____	Glasses _____	Contacts _____	Required _____	Condition _____
Ears _____	Hearing Right _____	Left _____		
Throat _____	Teeth _____	Heart _____	Lungs _____	Skeletal _____
Abdomen _____	Genitalia _____		Hernia _____	Extremities _____
Test: Urinalysis Glucose % _____	Albumin % _____		Tuberculin Testing (type) _____	

If indicated, Blood Count _____
 Restrictions, Limitations (including diet) _____

Medications _____
 Recommendations _____

The above named person is in satisfactory condition and may engage in all camp activities except as noted.

Date of Exam _____ Examining Physician _____
 Telephone _____ Print Physician's Name _____
 State Licensed In _____ Lic. # _____ Address _____