



Check Before Packing

- _____ Completed Medical Forms ARE Required
- _____ Bible
- _____ Sleeping Bag or Blanket Sheets And Pillow
- _____ 2-3 Bath Towels & Face Cloths
- _____ 1 Beach Towel
- _____ Soap, Toothbrush, Toothpaste, etc.
- _____ Flashlight & **Extra Batteries**
- _____ Rain Gear
- _____ 2 pairs of Sturdy Shoes or sneakers (appropriate for hikes & general use.)
- _____ 1 pair bathing shoes or flip-flops for shower use.
- _____ Plenty of clothes to include sweaters, pants, shorts, t-shirts pajamas, socks & underwear enough for the length of stay at camp. No tank tops or short shorts (see clothing guidelines)
- _____ Sweater or jacket for cool nights, swimsuit (girls one piece no tankinis)
- _____ A few clothes pins to hang up your wet clothes.
- _____ Non-aerosol insect repellent and sunscreen.
- _____ Writing paper & envelopes, pen or pencil, stamps.
- _____ Extra clothes for messy wet activities.
- _____ Plastic Bags for your dirty clothes.

Note: Are your name/initials on your property?



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)



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



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

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 _____

Tidal River Christian Camp

2017 (\$260/Week; See brochure for discount information)

For TRCC Use Only: _____

CK. # _____ CK. Amt. _____

Name _____ Age _____ Grade (completed) _____ M ___ F ___

Address _____ Phone (_____) _____ - _____

City _____ State _____ Zip _____

Email _____ Vegetarian menu required Food Allergies (specify on medical form)

Amount of Deposit \$ _____

Minimum of \$50 per Camper, Per week. Make check payable to TRCC
\$20 bank handling fee for returned checks

Please contact me about a **Medical** or **Special/Unique** concern that needs to be discussed or addressed prior to my child attending camp.

I would like to register for the following week(s):

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

Every Camper MUST have a physical form dated within 3 years

In signing this form, camper promises to obey the rules of camp and to cooperate fully with the staff and fellow campers (see Policy Statement)

Camper _____

Parent/Guardian _____

Tidal River Christian Camp

2017 (\$260/Week; See brochure for discount information)

For TRCC Use Only: _____

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Camping Fees

A minimum deposit of **\$50** per Camper per week MUST accompany each application. NO application will be accepted without the deposit. No refunds after **June 1**. Please make checks payable to: **TRCC**

Early Bird Discount!

When you register your child before May 1st that child's early bird discounted first week is \$235 and all weeks following, including any other children in the same household for all their camping weeks.

If you register after May 1st; then your first week is \$260 but a multi week discount still applies and would be \$235 per week for any children in the same household.

Example of discount: 1 Family has 3 children. If this family registers 1 child for any week any additional child can be registered at \$235 for any week. If a family registers any children before May 1st the registration amount is \$235/week per child.

It is important to send your application in **EARLY**. All applications will be accepted in the order received (postmarked).

Upon receipt of Camper application and deposit, all necessary medical forms and other information will be mailed to you. **NO Camper** will be permitted to remain at camp on the day of registration if he/she does not have all the completed forms with him/her.

Please note the new Camp fee of \$260/week.

ONLY Application(s) with Deposit(s) must be sent to:

Rebecca Chapa
595 Tolland Turnpike
Manchester, CT 06042
(860) 940-0803

Camperships may be available for some campers.
Contact your home congregation for details.

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