

Twin Spring Farm Day Camp

Camper Health Certification

Summer 20_____

Please complete **all sections of this form and submit to the main office by **June 1, 2023.****

Information provided on this form will assist the health office staff in providing safe and appropriate care.

Section 1

Contact Information:

Camper Name_____ Birthdate_____ Sex _____ Age_____

Weeks Attending : 1 2 3 4 5 6 7 8

Please list the persons you would like called in descending order.

1st: parent/guardian _____ Daytime contact number _____

2nd: parent/guardian _____ Daytime contact number _____

If above contacts are unavailable, please notify:

Name and relationship _____

Daytime contact number _____

Section 2

Health History:

Chronic/ recurring medical condition NO YES _____

Dietary restrictions/ food allergies NO YES _____

Drug allergies NO YES _____

Bee, insect, other allergies NO YES _____

Operations OR serious injuries within the last two years NO YES _____

List current medications _____

Are there any RESTRICTIONS to your child's camp activities NO YES, Please complete **Activity Restriction Form**

Section 3

Prescription and Over-the-counter (OTC) Medications:

Our health office is staffed by registered nurses and certified first aid providers. The health office staff is not authorized to diagnose medical conditions or prescribe medication. Please be advised of the following policies and procedures:

- If your child requires prescription medication during the camp day, the medication must be received in its original pharmacy container and properly labeled with the child's name, date of birth, and expiration date. A medication order from the prescribing provider must also be provided. **If your child has an allergy that requires an epi pen, please see section 4.**
- In the event your child should require over-the-counter medication during the camp day, written permission from a parent is required. Please note that prior to giving any oral medication, every attempt will be made to contact a parent or guardian. If unsuccessful in contacting a parent/ guardian, the medication will be administered if deemed medically necessary by the health office staff. Dosages will be given according to the age/ weight recommendations per the product label. The parent/ guardian will be notified in writing.
- If your child is permitted to have OTC medication from the health office, please initial below:

_____ Ibuprofen (Advil/ Motrin) for pain, fever, or inflammation

_____ Acetaminophen (Tylenol) for pain, headache, fever

_____ Calamine or BENADRYL spray for itching, bug bites

_____ Benadryl Elixir for allergic reactions

_____ Aloe Lotion for sunburn

_____ Antibiotic ointment for minor wounds

_____ TUMS for upset stomach

Section 4

Epinephrine medications

Please check box if your child requires an EPI-PEN or AUVI-Q be kept at the health office.

Please check box indicating that you have reviewed and completed the TSFDC Food List Form if applicable.

Please check box indicating that you have submitted your child's Allergy Action Plan.



Parent or legal guardian signature

Date