

TWIN SPRING FARM

DAY CAMP

1632 East Butler Pike
Ambler, Pa 19002
215-646-2665
www.twinspringfarm.com

HEALTH CERTIFICATION

CAMPER INFORMATION

Camper Full Name _____
Date of Birth ____ / ____ / ____ Age as of June 1st _____
Gender ☐ Male ☐ Female
Weeks attending _____
1st Parent/Guardian name and contact number _____
2nd Parent/Guardian name and contact number _____

HEALTH HISTORY

Chronic/recurring medical condition (ex. asthma, food allergy) _____
Dietary restrictions/food allergies _____
(If YES, please complete "**Snack Permission Form**")
Medication allergies _____ Bee/insect allergies _____

MEDICAL INFORMATION

Does your child suffer from a health condition that threatens their life? ☐ Yes ☐ No
If yes, please explain

Is your child in need of **medication** during CAMP?
If yes, please LIST

☐ Yes ☐ No

***If your child requires an Epi Pen - please submit a copy of his/her ALLERGY ACTION PLAN with the medication**

Does your child have any other medical issues, recent serious injuries or operations we should know about? ☐ Yes ☐ No

If yes, please explain and complete "**Activity Restriction Form**"

Parent Signature

____ / ____ / ____

PRESCRIPTION AND OVER-THE-COUNTER (OTC) MEDICATION

Camper Full Name _____

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.
- 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

Parent Signature

____/____/____