



PECONIC DUNES 4-H CAMP
CAMPER HEALTH FORM

This document must be completed and signed by a licensed health care provider.

Camper Name _____ Date of birth _____ / _____ / _____

Parent/Guardian Name _____ Relationship _____

Height _____ Weight _____ Blood pressure _____ / _____

Date of last physical exam (required dated after 8/18/2017) _____ / _____ / _____

The following non-prescription medications are stocked in the Camp Health Center and are used on an as needed basis to manage illness and injury. Medical personnel: Cross out the medications a camper **CANNOT** take.

For fever/pain	For cold/allergies	For stomach	For topical treatment
Acetaminophen (Tylenol) Ibuprofen (Advil)	Diphenhydramine (Benadryl) Pseudoephedrine (Sudafed) Loratadine (Claritin) Fexofenadine (Allegra) Guaifenesin (Mucinex) Cetirizine (Zyrtec)	Calcium antacid (Tums) Loperamide (Immodium) Docusate Sodium (laxatives)	Antibiotic ointment Burn ointment Aloe Calagel (anti-itch) Tecnu (poison ivy wash) Calamine lotion Hydrocortisone cream Anti-sting/itch spray Chloraseptic spray Cough drops

This camper will take the following medication(s) while at camp (please include EPI Pens & Rescue Inhalers if applicable):

Name of medication	Dosage	Schedule	Specific instructions (take with food, etc.)

ALLERGIES

Please explain specific allergen and reaction below:

Is the camper being treated for any medical condition(s) at this time?

No Yes If yes, please describe the condition and treatment.

Do you feel that the camper will require limitations or restrictions on activities while at camp?

No Yes If yes, please describe the limitations or restrictions.

I have reviewed this Camper Health Form and verify the information contained herein. It is my opinion that the camper is physically and emotionally fit to participate in an active camp program.

Healthcare provider signature _____ Date _____

Phone _____ Address _____