



Camper Medication/Medical Information Form

Form must be completed and signed by camper's physician.

Information given in this form must be accurate and up to date in order for Camp Echoing Hills to provide adequate care for the individual attending.

- All Prescription Medications must be brought in the original pharmacy container. This includes any daily over-the-counter medications, vitamins, herbal or homeopathic treatments. Inhalers, liquids, or creams must also be in the original container.
- Please provide only enough medications for the duration of the camp event. *Medications must match the medication list.*
- A current M.A.R. or CURRENT MEDICATION LIST (current to the day the Camper arrives at Camp) must accompany all medications that are checked in at registration.
- All medications (including over the counter pills and treatments) must be checked in with Health Care Staff upon registration.

If your camper does not arrive with all listed medications or without medications in pharmacy labeled containers they will not finish registration or be admitted into the camp week.

Caregiver Checklist: Preparing for the camp event.

- Are all camper medications in pharmacy labeled packaging? (i.e. pill bottles, blister packs, med sachets/rolls)
- Do packed meds match the medications listed by the physician?
- Is the current medication list or M.A.R. with the medications?
- Are the medications separated from camper luggage to be checked in at registration?
- Are treatments and PRN medications listed on the medication list? Are they being sent to camp?



THIS FORM MUST BE COMPLETED, SIGNED BY CAMPER'S PHYSICIAN
Must bring this form to camp for Camper Registration.

MEDICATION INFORMATION

Camper's Name _____ Age _____
 Week of Camp/Event _____ Date _____
 Guardian Name _____

MEDICATION

PLEASE COMPLETE ALL INFORMATION AND PRINT CLEARLY

MEDICATION LIST	REASON	DOSAGE	8:00A	12:00P	2:00 P	5:00 P	8:00 P
PRN MEDICATIONS	REASON	DOSAGE	8:00A	12:00P	2:00P	5:00P	8:00P

Emergency Contact: _____ Phone: _____



Medical Diagnosis: _____

Disability: _____

Hard of Hearing: _____ Blind: _____ Deaf: _____

Medication Administration – How do they take their Medication?

Whole or Crushed: _____ With (Please Circle) – Water Pudding Applesauce Juice

Liquid Consistency: _____ Food Consistency: _____

Emergency Medications: _____

Allergies: (Medication, Food, Other) _____

Epi-Pen: Yes No

Can they use Acetaminophen? Yes No

Diabetic: Yes No Insulin: _____

HEALTH HISTORY

Date of last physical exam _____

Findings _____

CAMPER IS FIT TO ATTEND CAMP: YES _____ NO _____ *Please note: Camp Echoing Hills is not a medical facility. Our camp has hilly and uneven terrain. Campers will be going up and down hills, out in the sun and heat for long periods and will be sharing a living space with up to 24 other people.*

Date of last MEASLES, MUMPS, RUEBELLA vaccination (shot) _____

Date of last Tetanus vaccination _____

Any surgeries or serious injuries (dates) _____

Chronic or recurring illnesses: _____

HEART OR CIRCULATORY CONDITIONS: Please explain any heart or circulatory conditions, or any history of the same: _____

Please describe any activity restrictions (walking up hills, etc..) _____

GENERAL ACTIVITY RESTRICTIONS (please list any restrictions that should be followed while applicant is at Camp.)

Physician Name (Please Print) _____ Phone Number _____

Address: _____

Physician Signature _____ Date: _____

