MEDICAL INFORMATION & RELEASE FORM

Camp Alexander Mack
PO Box 158
Milford, IN 46542

All pages must be filled in by parent or guardian for participation in any camping event.
Email completed form to ambern@abcmc.org The signature must be witnessed.

Camper Information

Camper's Legal Name: _____ _____ _____ Gender: M F
Last First M. I.

Call Me: _____ Birthdate: _____ Primary Phone:(_____)_____

Address: _____

City: _____ State: _____ Zip:_____

Insurance Carrier and Policy/Group #:_____

Name of Insured: _____

Camper's Physician: _____ Phone: (_____)_____

Emergency Contacts

Parent/Guardian: _____ Additional Emergency Contact: _____

Relationship to Camper:_____ Relationship to Camper:_____

Primary Phone:(_____) _____ Primary Phone:(_____) _____

Alt #1 Phone:(_____) _____ Alt #1 Phone:(_____) _____

Alt #2 Phone:(_____) _____ Alt #2 Phone:(_____) _____

General Health Information

If you answer yes below, please explain on a separate sheet of paper or in the comment section.
Date of the most recent medical exam: (we recommend having one each year) ____/____/____
Date of the most recent tetanus shot: ____/____/____

Has/does the participant:	**Y**	**N**
1. Had any recent injury, illness or disease?	☐	☐
2. Have a chronic or recurring illness/condition?	☐	☐
3. Ever been hospitalized?	☐	☐
4. Have frequent headaches?	☐	☐
5. Ever had a seizure?	☐	☐
6. Have diabetes?	☐	☐
7. Have asthma?	☐	☐
8. Ever had high blood pressure?	☐	☐
9. Had mononucleosis in the past 12 months?	☐	☐
10. Ever had frequent ear infections?	☐	☐
11. Have a bleeding/clotting disorder?	☐	☐
12. Ever been diagnosed with a heart defect/disease?	☐	☐

	Y	**N**
13. wear glasses, contacts, or protective eyewear?	☐	☐
14. Brought an orthodontic appliance to camp?	☐	☐
15. Have problems with sleepwalking	☐	☐
16. Have a history of bedwetting?	☐	☐
17. Ever had an eating disorder?	☐	☐
18. Ever been treated for emotional difficulties?	☐	☐
19. Any physical condition requiring restriction(s) on participation in the camp program? (describe)	☐	☐
20. **For girls only,** has she started menstruating?	☐	☐
If no, has she been told about menstruation?	☐	☐

All immunizations are up to date: ☐ Yes ☐ No
Has the participant received the COVID-19 vaccine? ____ Yes ____No
If yes, please include a photocopy of their COVID vaccination card.
If there is an outbreak of a communicable disease during a camp, parents of non-immunized campers will be asked to come and pick up their children to reduce the possibility of exposure to that disease.

Dietary Information

	Y	N
The participant eats a regular, varied diet.	☐	☐
The participant is lactose intolerant	☐	☐
The participant is a vegetarian:	☐	☐ Other Dietary Needs _____

Additional Comments

Anything else you would like our staff to know?

_____

_____

_____

Allergies

Check all that apply:

☐ No known allergies ☐ Medication ☐ Insect Stings ☐ Food Allergies ☐ Other

If yes, please use the space below or an attached page to provide additional allergy information. Please include a description of and management for any reactions. _____

_____

Medication

☐ My child will not be bringing any medication (prescription or non-prescription).

☐ My child will be bringing the following medication (prescription and non-prescription) **in its original container labeled with the child's name.** If bringing medication, please fill in the medication chart below.

All medication will be turned over to our camp health care provider to be administered. You will have an opportunity to talk with them on registration day. If you need more room please attach a sheet of paper.

Medication:	Dose:	Time:	Reason for taking medication

Parent/Guardian Authorization: The personal and medical information is correct and complete as far as I know. The person described has my permission to engage in all camp activities as noted.

I give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays , routine tests, and treatment. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.

In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. This completed form may be photocopied for trips out of camp.

Signature_____ **Print Name**_____ **Date**___/___/_____
Parent/Guardian if participant under age 18, or participant 18 or over

Witness Signature_____ **Print Name**_____ **Date**___/___/_____
Non-relative over age 17

No child will be admitted to camp without a completed AND witnessed Medical Form.
Please bring the completed form to registration.

Consent for Administering Over the Counter Medicines

In order to continue to provide the best care we can for our campers we are requesting that the parent or guardian of each camper review the list of over the counter medications that may be stocked in the health center. These medications are used when campers have complaints/illnesses for which they have no prescription medications available to them. (Example: Headache- we may give acetaminophen (Tylenol), dosage: appropriate for age/weight. Check the appropriate box: YES, my child can take this medicine; or NO, my child can NOT take this medicine.

YOUR CONSENT MUST BE OBTAINED BEFORE ANY MEDICATION IS GIVEN TO YOUR CHILD. Please sign your name at bottom of the sheet. **Please bring this form with you to registration.**

MEDICATIONS	USES	YES	NO
HYPODERMIC:			
Epinephrine (EpiPen) 0.15 mg/0.3 mg.	Anaphylactic Shock (severe allergic reactions)		
INHALATION/ORAL:			
Acetaminophen (Tylenol) *Acetaminophen 500 mg (Age 12+)*	Pain relief, fever, headache		
Aluminum Hydroxide, Magnesium Hydroxide, Simethicone (Maalox Advanced Regular Strength) (Age 12+)	Indigestion, Gas, Stomach Upset, Heartburn		
Ammonia Inhalants	Fainting/near fainting		
Bismuth Subsalicylate (Pepto-Bismol) (Age 12+)	Indigestion, Gas, Stomach Upset, Heartburn, Diarrhea		
Calcium Carbonate (Tums/ Children's Maalox or Pepto)	Indigestion, Heartburn, Stomach Upset		
Dextromethorphan/ Guaifenesin (Robitussin DM)	Cough Suppressant and Expectorant		
Diphenhydramine (Benadryl)	Allergic reactions, severe itching, seasonal allergies		
Dyclonine (Sucrets Lozenges)	Sore Throat		
Ibuprofen (Advil)	Swelling, Pain relief, fever, headache		
Loperamide (Imodium)	Diarrhea		
Loratadine (Claritin)	Seasonal allergies		
Menthol (Cough Drops)	Dry cough, Sore throat		
Phenylephrine (Sudafed) (Age 12+)	Congestion		
Pseudoephedrine (Sudafed)	Congestion		

MEDICATIONS	USES	YES	NO
TOPICAL PREPARATIONS:			
Aloe Gel	Burns		
Antibiotic Ointment (Neomycin, polymyxin B, bacitracin)	Scrapes, cuts, skin disruptions		
Aurodry	Drying aid for water in ears		
Bactine Spray (Benzalkonium Cl/ Lidocaine)	Antiseptic and Anesthetic for scrapes, cuts, skin disruptions		
Caladryl Lotion (Calamine)	Anti-itch for poison ivy, etc.		
Calagel (Diphenhydramine Gel)	Anti-itch for poison ivy, etc.		
Gold Bond Powder (menthol/ zinc oxide)	Chafing, skin irritation		
Hydrocortisone Cream	Anti-itch		
Off/Repel	Insect repellant spray		
Rid (Pyrethrum)	Head lice shampoo		
Silvadine (Silver sulfadiazine)	Burn Ointment		
Sting Relief wipes (Benzocaine)	Relief for insect bites/stings		
Sunscreen	Sunburn prevention		
Tecnu/ Tecnu extreme	Skin cleanser for poison ivy/sumac		
Tinacin or Lamisil (Clotrimazole or Tolnaftate)	Athletes foot other fungal irritations		
Visine	Eye irritation		
Water Jel Burn Jel (Lidocaine)	Burn pain relief gel		
Zanfel	Removes urushiol of poison ivy/sumac		

Signature of Parent/Guardian _____ Date _____