

CAMA Camp Medical Form

Camper's name: _____

Insurance name and account #: _____

Doctor's name and Phone #: _____

Parent/Guardian name: _____ Home phone: _____

Work phone: _____

Emergency contact name: _____ Phone #: _____

Any allergies and reaction to allergen: _____

Permission to seek emergency medical attention if necessary:

(Parent/Guardian signature)

(Date)

Please completely fill this out for any medications left at camp for your child.

ANY MEDICATION LEFT FOR YOUR CHILD MUST BE IN THE ORIGINAL CONTAINER.

Medication	Amount	Times Given	Given for what condition
------------	--------	-------------	--------------------------

Permission to give the above medications:

(Parent/Guardian signature)

(Date)

Occasionally kids get stomachaches, headaches, menstrual cramps, and mosquito bites. Should your child get one of these, and *emergency* stock of Pepto-Bismol, regular strength Tylenol, Advil, TUMS and Caladryl lotion will be available in case you forget to pack what you usually give your child for such conditions. Unless otherwise stated, these will be dispensed as directed on the bottle.

(Parent/Guardian signature)

(Date)

Date of last: DtaP: _____ MMR: _____ Hib: _____

Polio: _____ Hep B: _____

This form must be filled out completely for your child to be registered. Please make sure you have signed in all three places. If you have any questions or concerns filling this out please contact Dick Laughlin, Director at (360)352-8995. If you need additional space please use the back. Thank you for your cooperation.