

# Progressive Hearts Camp

## June 27-July 1, 2011

Church Name \_\_\_\_\_ Dates of Camp \_\_\_\_\_

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

Parent Name: \_\_\_\_\_ Camper Grade: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

Is parent attending camp with camper? YES or NO

If parent is not attending, name of person responsible for child's dietary needs during camp \_\_\_\_\_ (Camper must be accompanied to enter kitchen)

List Allergies or explain special dietary needs:

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Reaction caused/ medications required upon allergic reaction:

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Is camper aware of his/her allergies? YES or NO

Is camper able to monitor his/her own food requirements? YES or NO

Is camper bringing some of his/her own food? YES or NO If YES, please list below:

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\*A special place is designated in the kitchen for camper to keep his/her own food. Food should be packaged in a sealable container – Ziploc or plastic – and should be labeled on the outside. Camper may have snacks in cabin if approved by the church leader.

## Camper Medications

- Step 1: List all routine medications that need to be administered while at camp.
- Step 2: Fill out all blanks and place this label on the outside of a large Ziploc bag.
- Step 3: Place enough of listed medications in the zip-loc bag and give to church leader.

**ALL MEDICATIONS MUST BE IN A PHARMACY LABELED CONTAINER WITH YOUR CHILD'S NAME OR IN THE ORIGINAL OVER-THE-COUNTER PACKAGING.**

[Exceptions: Asthma inhalers (prescribed by doctor) and antidote for allergic reactions (epi-pen)]

*The information listed on this form is correct and complete. I hereby give permission for the camp nurse to administer the medication as directed.*

Parent signature (required) \_\_\_\_\_  
 Parent contact number: \_\_\_\_\_  
 Doctor Name and #: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ M  F

Age: \_\_\_\_\_ Church: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Drug Name	Dose	Dosage Instructions To be given at:	Camp Dosing Log (to be filled out by Camp Health Officer during week of camp)				
			MON	TUES	WED	THUR	FRI
		{ Breakfast Lunch As needed }                     { Dinner Bedtime At camper's request }					
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Notes: \_\_\_\_\_

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