



# Camp Hemlock Family Weekend

\* Staff Use only Cabin # \_\_\_\_\_

## Camper Medical and Emergency Information

Family Last Name \_\_\_\_\_

For each member of your family, list full name, birthday, allergies, and health concerns that a doctor or paramedic should know.

Emergency Contact with phone number: \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Policy No: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_

Policy Holder Address: \_\_\_\_\_

Policy Holder Employer: \_\_\_\_\_



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## Camper Medication Information

Camper's Name: \_\_\_\_\_

*Note: This form only needs to be filled out for prescription medicine that you plan to hand in to the health center. You do not need to fill this out if you will be holding onto your medication. A separate form should be filled out for each person who hands in medication.*

1. All prescription medications must be brought to camp in their original containers with doctor's instructions. DO NOT pre-dispense, place in a daily pill holder, wrap in outer materials, or ask us to dispense by other than doctor's orders. Do not bring expired medications. Medications not in original containers will not be held or dispensed at camp.
2. Please indicate if medicine is taken daily or as needed.
3. You must be specific with any variations or conditions associated with "as needed".
4. If your son/daughter will need to bring an inhaler, Epi-Pen, or other emergency medication to camp, please speak to the camp nurse or designee at check-in.

List all medications with appropriate directions that your child receives on a **routine/regular basis** including all prescription, over-the-counter, and homeopathic medications (all supplied by parent):

Medication	Dosage/Directions
1.	
2.	
3.	

I hereby give permission for my child, \_\_\_\_\_, to receive the named prescriptions on this form. I understand that these medications will be administered by the camp nurse, Camp Director, or designee.

**If your child has a communicable disease, please do not bring him or her to camp. I understand that if my child has a fever, he or she may need to be picked up from camp.**

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_