



2022 Camper* Application Form for Church Camps/Conferences/Retreats
Our Church Camps welcome members of CC (DoC) and UCC congregations, as well as the Public



<p>Event Name _____ Event Start Date ____/____/2022 See the 2022 Camp Brochure, Calendar, and Fee Schedule for Event Dates</p> <p>First Name _____ Mid. Initial _____ Last Name _____</p> <p>“Preferred Name” _____ Suffix: _____ Gender [] Male [] Female [] Other Designation _____ Camper’s Address _____ City _____ State ____ Zip _____ Camper’s Home Phone _____ Camper Birth Date ____/____/____ (important for planning!) Camper Age _____ (at start of Camp) Grade _____ (as of Fall 2022) Camper’s E-mail _____</p>	<p>Primary Emergency Contact: [] Parent [] Guardian [] Other Name _____ Email Address _____ Work Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____ Cell Service Provider: [] Verizon [] Sprint [] AT&T [] TMOB [] Other</p> <p>Alternate Emergency Contact: [] Parent [] Guardian [] Other Name _____ Email Address _____ Work Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____ Camper’s Home Church (if any) _____</p>
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NEW MEDICAL FORM REQUIREMENT

We are upgrading our camper health histories and medicine lists for the protection and support of campers participating in CCCA events. To better prepare our Counselors and Directors for your arrival, we have enacted the following Application process changes.

- All CCCA Camp Applications, regardless of the Camper’s age, for any CCCA sponsored camp, conference, or retreat/lock-in must now include a completed new Attachment #1 – Medical History Form #1. Campers/Parents can easily complete the CampDoc.com Electronic Health Profile while completing the on-line Camper Application at CampDoc.com.
- Additionally, a completed new Attachment #2 – Health Recommendation Form #2, must be submitted for any Camper who is now, or will likely be at the start of their Camp event, under treatment or counseling by a Medical or Mental Health Professional, including a Psychologist or Social Worker.
- See the CCCA Regional COVID-19 Policy regarding event participation.

Until our CampDoc.com site is on-line, please contact the CCCA Regional Office for blank copies of the Camper Medical/Health Forms #1 and #2 or download a form from our CCCA Camps website.

For Events at the Conference Center in Bethany Beach, DE Only
 With the opening of the Alexander Campbell Hall (ACH) building we have four ADA compliant, 2-person bedrooms in the new ACH. Priority is given to those with disabilities. If you have a special room requirement, i.e., first floor room, wheelchair/walker accessible room, etc.

Please describe below:

MANDATORY LIABILITY AND PHOTO USAGE RELEASE STATEMENT

I give my permission for my minor family member attending the above activity to be a passenger in a vehicle driven by an adult Camp Counselor, Director, or hired bus driver for sponsored outings. I will not hold the Christian Church Capital Area, the event sponsors, the event staff, the Event Director, event location staff, nor other agents who serve on behalf of the CCCA, responsible for accidental loss or injury to me and/or my family.

I also understand that I as well as my family will be held responsible for any property damage caused by me or a member of my family.

I also give my permission for the use of photos of me or my family members in camp program publicity materials.

Camper Signature: _____
 Date _____

If the Camper is under the age of 18, we also require a:

Parent/Guardian Signature: _____
 Date _____

IF THIS FORM IS SUBMITTED WITH AN ELECTRONIC SIGNATURE, a separate form for an ink signature will be sent to you that must be returned to the CCCA Regional Office PRIOR to the start of this camp.

For Family Camp 1 or 2 Only – Only your family group’s **Point of Contact** must complete the following age chart, which is used to keep registrations linked. A separate Camper Application is required for each camper in your group attending Family Camp 1 or 2.

Name of Other Campers	Age	Name of Other Campers	Age
1.		5.	
2.		6.	
3.		7.	
4.		8.	

For Regional Women’s Retreat Only– Only your family group’s **Point of Contact** must complete the following age chart, which is used to keep registrations linked. A separate Women’s Retreat Application is required for each family member in your group attending this event.

Name of Other Attendees	Age	Name of Other Attendees	Age
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Childcare requested for Women’s Retreat attendee(s) Age 12 & Under? [] Yes?

** This Application form should be used by all Campers, including family members of Event Staff and any Counselors-in-Training.*

Ensure your on-ti-me Registration by mailing a signed copy of this application form and completing payment prior to the deadline. Mail hardcopy applications to: “Camp & Conference Program” Attn: Camp Registrar, CCCA Regional Office, 8814 Kensington Parkway #208, Chevy Chase, MD 20815. Camper Fee Payment Checks must be sent to the CCCA Regional Office for processing by the Camper Registrar prior to the Camp. Walk-in Campers are not accepted at any Camp. Registrations and Payments must be made in advance (each Camp has a Due Date for Fees). When CampDoc.com is back online in June, we can again accept Credit Cards for Camper Fees.

Camper's Name:

These Two Sections must be completed in order to process the Camper Application

[] Check this box if the Fee Amount below is for MORE THAN ONE Family Camp Attendee or Regional Women's Retreat Attendee.

Please consider enclosing a separate donation check to support the CCCA Camper Scholarship Fund. Every \$15, \$25, or larger gift helps another Camper experience both fun and spiritual growth at our CCCA-sponsored church camp events.

My Fee Due for this Camp or Retreat Event is ==> \$ _____
(see Camp Brochure or CampDoc.com for cut-off dates for discounts)
*Minus \$10 Bring a 1st Time Camper (Fill-in A or B =>) -\$ _____

Amount Due for Camper after the above Discounts is => \$ _____
Please also process a donation to the Scholarship Fund of: +\$ _____

Fee Payment Enclosed Now with Camper Application is: \$ _____

** Balance Due to CCCA prior to Camp is: \$ _____

Please Breakout How An Unpaid Camp Fee Balance Due Will Be Paid Prior to Camp:

1. Camper or Parent Name: _____ \$ _____

2. Name of Other Payment Provider: _____ \$ _____

3. Local Congregation Scholarship Code: _____
Value of Local Scholarship = \$ _____

Pastor's/Youth Leader Name Authorizing use of a local Cong. Scholarship Code:
_____ Phone: _____

4. Authorized Regional Scholarship Code: _____
Value of Regional Scholarship = \$ _____

**Some 3-day, 4-day, and 7-day camps offer a discount for early registration. Please check the Camp Brochure or CampDoc.com for discount cut-off dates.*

Your completed, signed Camper application must be received NO LATER than the official deadline shown below. See Camp Brochure for rates and discount information.

** If eligible as a Sponsor or a 1st Time Camper, please complete the following A or B section as appropriate:*

A. Name of 1st Time Camper that You Are Sponsoring ⁽¹⁾:

or

B. Name of the Sponsoring Camper Who Invited You:

⁽¹⁾ The \$10 discount for sponsoring a 1st Time Camper is limited to two per sponsoring camper per season, regardless of the number new campers you sponsor.

See CCCA Regional COVID-19 Policy regarding Vaccination Requirements for Camp/Conf/Retreat Participation during 2022.

*** Contact your local CCCA Congregation about their Camper Scholarships too. If they offer Scholarships and you qualify for one, they will give you a Local Congregation Camp Scholarship Code that will reduce the Camper fee you owe.*

CHECK WITH YOUR LOCAL CONGREGATION ABOUT THEIR SCHOLARSHIP PROGRAM BEFORE YOUR START THE CAMPER REGISTRATION PROCESS.

** If your Congregation offers a Camper Scholarship, you must contact them before you start to register for any Spring, Summer, and/or Fall Camp Event. They need to approve your use of their Scholarship (if offered) and provide information on the amount or percent scholarship and any other stipulations.

Some CCCA Regional Camper Scholarships are available. Contact the CCCA Camp Registrar for Scholarship information at 301-942-8266 or via campregistrar@cccadisciples.org or checkout <http://www.cccadisciples.org/camp>. If you qualify, you will receive Regional Camper Scholarship Code that reduces your camper fee balance. Staff family members and CITs should submit a Regional Camper Scholarship Form for any camp fee discount.

*** Credit card budget billing is available for balances due ONLY IF REGISTERING ONLINE THROUGH OUR NEW CAMPDOC.COM SITE, which should be available at "app.campdoc.com/register/ccca" by early June 2022.



2022 Camps, Conferences, and Retreats sponsored by the CCCA Region

The CCCA Region is committed to the principles of Pro-Reconciliation / Anti-Racism across all our programs. Our camps are open to all believers and seekers.

Please remember to read the attached new Camper Fee Refund and Cancellation Fee Policy; also available from the updated <http://www.cccadisciples.org/camp> website. *Late arrivals/early departures must be pre-authorized by the Event Director.*

Ensure your on-time Registration by mailing a signed copy of this application form and payment prior to the deadline to: "Camp & Conference Program" Attn: Camp Registrar, CCCA Regional Office, 8814 Kensington Parkway, Suite 208, Chevy Chase, MD 20815. For Campers under the age of 18, scanned/emailed application forms sent to Camps@cccadisciples.org or faxed to 240-558-4780 must be immediately followed-up with an ink signed hardcopy version (due to State laws regarding the emergency medical treatment liability release statement section).



CCCA Camper Refund Policy

CCCA Commission on Camps and Conferences Cancellation/Refund Policy

There are insurance, housing, food, staff, supply, program materials, and camp resources that have been reserved based on each Camper's registration that cannot be cancelled once the CCCA-sponsored camp/conference/retreat event is within 14 calendar days of beginning an event.

Therefore, effective beginning with the 2016 season, the CCCA Commission on Camps and Conferences refund policy for Campers is as follows:

1. Cancellation and Refund Policy

- a) **ALL** cancellations require a **\$25** handling fee.
- b) **NO REFUND** given after the start of a CCCA-sponsored camp, conference, or retreat event for any reason (i.e., if a camper leaves earlier than the last scheduled day of the event).
- c) **NO REFUND** given for a Camper who fails to show-up (i.e., is a no-show) on the day or evening that a CCCA-sponsored camp, conference, or retreat event begins.
- d) **NO REFUND** is given for cancellations requested seven (7) or fewer calendar days (1 week) before the start date of a camp, conference, and retreat event.*

** Camper cancellations within the seven (7) calendar days prior to the event are only refunded (minus \$25 handling fee) in cases of documented medical concern or death in the family which prohibits attendance by the Camper. In order to receive this refund, the Regional Office must be notified by email or direct contact with Regional Office personnel within 36 hours of any such accident or illness diagnosis or death in the family, followed by a written request with an accompanying doctor's excuse submitted to the Regional Office within the following 7 calendar days.*

- e) **REFUND** of a Camper's paid fee minus the \$25 handling fee is given for cancellations submitted in writing to the CCCA Regional Office eight (8) or more days in advance of the first day or evening of the CCCA-sponsored camp, conference, or retreat event.

The \$25 handling fee for cancellations is subtracted from the portion of the Camp Fee that has been paid by the Camper or his/her Family Member.

2. Refund Checks

*In lieu of refund, the full registration fee may be applied to a **new** camper [not a camper who is already registered].*

The balance of camp fees minus the \$25 handling fee will be refunded according to contributions made by parents, churches, or scholarship sources. If not credited to a new camper's fee, refunds will be made by check to the original payer(s) within 20 calendar days of the refund approval date.

See CCCA Regional COVID-19 Policy regarding Vaccination Requirements for Camp/Conf/Retreat Participation during 2022.

CAMPER HEALTH HISTORY FORM #1

Based on the American Camp Association Forms developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses.

Mail this form to the address below with the Camper Application no later than 10 days prior to the start date of the Camp event:

CCCA Camp Registrar
 8814 Kensington Parkway #208
 Chevy Chase MD 20815

Camps fill up quickly, so send in these forms ASAP.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

[] Other Designation: _____

Camper Name
 First

- To Parent(s)/Guardian(s)/Adult Campers: Please follow the instructions below.**
- 1) Complete pages 1, 2 and 3 of this form (FORM #1) form for each Camper and make a copy for yourself.
 - 2) Send the original, signed FORM #1 with the Camper Application to the CCCA by the requested date.
 - 3) **If required, also complete the top of FORM 2 (CAMPER HEALTHCARE RECOMMENDATIONS) and provide the copy of FORM #1 with FORM #2 to the Camper's healthcare provider for review and completion.**
 - 4) For FORM #2, after it has been completed and signed by the Camper's healthcare provider, return FORM #2 with FORM #1 and the Camper Application to the CCCA Camp Registrar by the requested date. Attach additional information if needed.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:
 Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____
 Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:
 Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:
 Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: [] This camper eats a regular diet. [] This camper is lactose intolerant. [] This camper is gluten intolerant. [] This camper eats a vegetarian diet:
 [] Semi-vegetarian (no pork or beef) [] Pesco vegetarian (no pork, beef, or chicken) [] Lacto-ovo vegetarian (no beef, pork, chicken, fish or seafood)
 [] Vegan (no beef, pork, chicken, fish, seafood, eggs, dairy or any animal product) [] Other, please explain in space below or on additional page.

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
(Please describe below.)

If available for my age-group, I certify that I am or will be fully vaccinated for COVID-19 by the start date of any camp I am attending. Yes No

Medical Insurance Card Information: Please include a copy of your insurance card, if appropriate; copy both sides so that the information is readable.

This camper is covered by family medical/hospital insurance Yes No

Insurance Company _____

Policy Number _____ Group ID/# if shown on Card _____

Subscriber _____ Insurance Company Phone Number (____) _____

Parent/Guardian/Adult Camper Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/
 Guardian/Adult Camper _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance. Form #1 Page 1/3

Middle
 Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

CAMPER HEALTH HISTORY FORM 1- continued

Based on the American Camp Association Forms developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses.

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must include date to meet CCCA standard. Copies of immunization forms from healthcare providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
COVID-19 Initial (Two-Dose Set(a)) (a) Pfizer-BioNTech or Moderna/SPIKEVAX						
COVID-19 (Single Dose Set(b)) (b) Johnson & Johnson's Janssen						
COVID-19 Booster (Any Type as of April 2022)						
Human Papillomavirus (HPV)						
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						
Tuberculosis (TB) test	Date: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive				

See CCCA Regional COVID-19 Policy 2022 regarding Vaccination Requirements for Camp/Conf/Retreat Participation during 2022

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those medications that the camper should not be given.**

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax/Mirolax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

Please print and mark-up if you need to cross-out a medication manually. Send with application.

CAMPER HEALTH HISTORY FORM #1 - continued

Based on the American Camp Association Forms developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses.

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Form #1 - Page 3: Section 3A: General Health and MES Health for Campers Age 18 and Under

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | | | |
|--|--------|--|--------|
| 1. Ever been hospitalized? | Yes No | 11. Had fainting or dizziness? | Yes No |
| 2. Ever had surgery? | Yes No | 12. Passed out/had chest pain during exercise? | Yes No |
| 3. Have recurrent/chronic illnesses? | Yes No | 13. Had mononucleosis ("mono") during the past 12 months?..... | Yes No |
| 4. Had a recent infectious disease? | Yes No | 14. Have any skin problems?..... | Yes No |
| 5. Had a recent injury? | Yes No | 15. Have problems with falling asleep/sleepwalking? | Yes No |
| 6. Had asthma/wheezing/shortness of breath?..... | Yes No | 16. Ever had back/joint problems?..... | Yes No |
| 7. Have diabetes? | Yes No | 17. Have a history of bedwetting?..... | Yes No |
| 8. Had seizures? | Yes No | 18. Have problems with diarrhea/constipation?..... | Yes No |
| 9. Had headaches? | Yes No | 19. Other health problems?..... | Yes No |
| 10. Wear glasses, contacts, or protective eyewear? | Yes No | 20. Traveled outside the country in the past 9 months?..... | Yes No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health (MES Health): Check "Yes" or "No" for each statement.

Has the camper:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
- Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
- During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
- Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Form # 1 - Page 3: Section 3B - Contacts for Your Healthcare Providers & Anything Else We Need to Know.

Healthcare Providers :

Name of camper's Primary Doctor(s): _____ Phone: () _____
 Name of Therapist/Behavioral Health Professional (if any): _____ Phone: () _____
 Name of dentist(s): _____ Phone: () _____
 Name of orthodontist(s): _____ Phone: () _____

Additional Healthcare Providers - If there are other Specialists that might need to be contacted, provide regular and emergency contacts in the next section.

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Our Conference Center is two blocks from the ocean. Beach time only occurs when the Town's life guards are on duty; Camp Counselors are also present. Should this Camper be allowed to go to the beach when the group has scheduled Beach Time? [] No [] Yes Can this Camper swim? [] No [] Yes If yes, how well? [] With help or flotation device only? [] Competent pool swimmer? [] Competent lake swimmer? [] Competent beach/tide swimmer?

Parents/Guardians/Adult Campers: Form #1 stops here. A separate 4th page of this is form is completed when the camper arrives at camp. Keep a copy of this for your records.

This is **Form #2** - it is required for any Camper of any age who is now or who will likely be under treatment or counseling at the start of Camp.

Camper Health, Healthcare, and Camp Activities Recommendations from Licensed Medical Personnel

FORM #2 - Provide to Camper's Healthcare provider(s) for review, input, and signature - see note at top of page.

Based on the American Camp Association Forms developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below with the Camper Application and Form #1 no later than 10 days prior to the start date of the Camp event:

**CCCA Camp Registrar
8814 Kensington Parkway #208
Chevy Chase MD 20815**

Camps fill up quickly, so send in these forms ASAP.

Parent(s)/Guardian(s)/Adult Campers: Complete this section & give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to the Camper's healthcare provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (____) _____ (____) _____

Parent(s)/Guardian(s)/Campers stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury.

Medical personnel: Cross out those items that the camper should not be given during their time at camp.

- | | |
|--|--------------------------------------|
| Acetaminophen (Tylenol) | Calamine lotion |
| Ibuprofen (Advil, Motrin) | Bismuth subsalicylate (Pepto-Bismol) |
| Phenylephrine (Sudafed PE) | Laxatives for constipation (Ex-Lax) |
| Pseudoephedrine (Sudafed) | Hydrocortisone 1% cream |
| Chlorpheniramine maleate | Topical antibiotic cream |
| Guaifenesin Dextromethorphan | Calamine lotion |
| Diphenhydramine (Benadryl) | Aloe |
| Generic cough drops | Others? Please list here. |
| Chloraseptic (Sore throat spray) | |
| Lice shampoo or scabies cream (Nix or Elimite) | |

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within the last 12 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

- To foods (**list**):
- To medications: (**list**):
- To the environment (**insect stings, hay fever, etc.-- list**):
- Other allergies: (**list**):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions:(describe below)

The camper is undergoing treatment at this time for the following conditions: (describe below) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (**name, dose, frequency--describe below**)

Other treatments/therapies to be continued at camp: (describe below) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below--attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the Camper's Parent(s)/Guardian(s) or the Adult Camper. It is my opinion that the Camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (____) _____ Date: _____

Camper Name _____
First _____
Middle _____
Last _____
(For Camp Use) Cabin or Group _____
(For Camp Use) Session Code(s): _____