

FORM 2
 Developed and reviewed by: American Camp Association,
 American Academy of Pediatrics Council on School Health, &
 Association of Camp Nurses.

american CAMP association®
 Mail this form to the address below by _____ (date)

Camper Name: _____ (For camp use) Cabin or Group _____ (For camp use) Session Code(s) _____

First Middle Last

To Parent(s)/Guardian(s): This form must be completed and submitted prior to arrival on campus

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 (____) (____) (____)

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. The University requires 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. All Medications will be collected by staff at registration and security stored. Child will be given their container at the time stated to be taken.

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: _____		

Parent/Guardian 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: _____ 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.