

# CRAN-HILL RANCH FRIENDSHIP CAMP HEALTH RECORD

\*\* This Form MUST be completed in full and returned to camp by June 10<sup>th</sup> \*\*

## CAMPER INFORMATION

Camper's Last Name \_\_\_\_\_

Sex (M/F) \_\_\_ Age \_\_\_

Camper's First Name \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

Contact: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day Time): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please check all applicable:

- Overall Good Health
- Chronic/Recurring Illness (List): \_\_\_\_\_
- Contagious Diseases (List): \_\_\_\_\_
- Convulsive Disorders (List): \_\_\_\_\_
- Recent Illness/Injury (List): \_\_\_\_\_

Immunization Dates:

\*Tetanus/Booster \_\_\_\_\_ Polio \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_

*\*(If it has been more than 10/ten years since the last tetanus shot, please have this updated and notify us of the date.)*

SPECIAL CONDITIONS TO BE WATCHED: *Such as Allergy (reactions to penicillin or other drugs), Physical limitations, Special behavioral considerations, etc.:* \_\_\_\_\_

HEALTH INSURANCE COMPANY: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Policy Number \_\_\_\_\_ *\*If possible, please send a photocopy of your insurance card.*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If Covered through Employer: Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHYSICIANS NAME: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

## AUTHORIZATION

I hereby certify that the above information is correct. I give permission for the release of medical records in case of illness. The person herein described has permission to engage in all prescribed camp activities, except as noted by me. I authorize Cran-Hill Ranch Health Officer to render necessary routine First-Aid and Nursing Care as required. In the event I cannot be reached, I hereby give permission to the Cran-Hill Ranch Camp Physician to obtain proper medical diagnosis, hospitalization, and to order injection, anesthesia or surgery for the camper as named above. I authorize the use of photographs including the above camper to be used in camp publicity.

Signed \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

RETURN TO: CRAN-HILL RANCH  
14444 17 MILE RD.,  
RODNEY MI 49342

**MEDICATION RECORD ON BACK OF THIS SHEET MUST BE COMPLETED FOR ALL CAMPERS**

# FRIENDSHIP CAMP MEDICATION RECORD

**\*\* This Form MUST be completed in full and returned to camp by June 10<sup>th</sup> \*\***

Camper's Last Name \_\_\_\_\_

CAMP DATES: \_\_\_\_\_

Camper's First Name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

All Medications (prescription and nonprescription) must be in ORIGINAL containers, properly labeled by a Pharmacist as to the person's name, medication, dosage and times of administration. ALL Medications (prescription and nonprescription) MUST be turned into the Health Officer upon arrival.

## NON-PRESCRIPTION MEDICATIONS

The following are medications that are stocked in our infirmary. **Do not** send these to camp unless the camper takes them daily.

**Check all Non-prescription medications we are permitted to administer:**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Acetaminophen       | <input type="checkbox"/> Cough suppressant    | <input type="checkbox"/> Dephenhydromine HCL (Benadryl) | <input type="checkbox"/> Antihistamine        |
| <input type="checkbox"/> Ibuprofen           | <input type="checkbox"/> Antacid              | <input type="checkbox"/> Epinephrin (Epi-pen)           | <input type="checkbox"/> Loperamide (Imodium) |
| <input type="checkbox"/> Antibiotic Ointment | <input type="checkbox"/> Hydrocortisone Cream | <input type="checkbox"/> Calamine Lotion                | <input type="checkbox"/> Topical Analgesic    |

## PRESCRIPTION MEDICATIONS

PLEASE NOTE:

Our preferred method (and the fastest way to check-in) is to have your Pharmacy dispense prescriptions in blister pack type packaging.

This camper has NO medications to be administered

This camper takes the following medications;

MEDICATION <small>(If camper takes different dosages at different times of day use multiple lines – see example lines at bottom)</small>	MG.	# TABS	ADMINISTERED WHEN?	OTHER INSTRUCTIONS?
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	
			<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	
SAMPLE: Adderall	10	1	<input checked="" type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input checked="" type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	
SAMPLE: Adderall	20	1	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input checked="" type="checkbox"/> DINNER <input type="checkbox"/> BED <input type="checkbox"/> OTHER:	

## AUTHORIZATION

I hereby certify that the above information is correct. I give permission for the release of medical records in case of illness. The person herein described has permission to engage in all prescribed camp activities, except as noted by me. I authorize Cran-Hill Ranch Health Officer to render necessary routine First-Aid and Nursing Care as required. In the event I cannot be reached, I hereby give permission to the Cran-Hill Ranch Camp Physician to obtain proper medical diagnosis, hospitalization, and to order injection, anesthesia or surgery for the camper as named above. I authorize the use of photographs including the above camper to be used in camp publicity.

Signed \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

RETURN TO: CRAN-HILL RANCH, 14444 17 MILE RD., RODNEY MI 49342