

CRAN-HILL RANCH FRIENDSHIP CAMP HEALTH RECORD

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

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"/> Epinepherin (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

This camper has NO medications to be administered

This camper takes the following medications;

PLEASE NOTE:

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

- Medications are dispensed in UNIT DOSE
- Medications are dispensed in BLISTER PACKS
- Medications are in separate bottles (Must be original containers)

MEDICATION <small>(If camper takes different dosages at different times of day use multiple lines)</small>	MG.	# TABS PER DOSE	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:	
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