



Camp SoundWaters

About Our Health Forms

Please Read Carefully

SoundWaters is a State of Connecticut licensed camp. These forms are required by the State of Connecticut for each child to be able to participate in camp. The Health Form (and the Authorization of Medication if necessary) must be completed and returned to SoundWaters by **June 1, 2012**. Your child will not be allowed to attend the first day of camp if these forms are not in the Camp Office prior to the beginning of Camp.

Health Form – Grants permission from your child’s doctor to participate in camp and camp activities and confirms your child is up to date on all required immunizations. **Your child’s doctor must sign and stamp the form.** If you have attended our camp in the past you may use the same physical form for up to three years. But, please keep a copy of it in your own records as we do not keep these files from year to year.

Authorization for Administration of Medication (*only if needed*) - Grants permission to the camp staff to administer medication to your child. The Authorization form also provides valuable information about the proper procedure to administer the medicine. This form needs to be filled out for each individual medication (prescription and over the counter) and **signed and stamped** by the Prescriber (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse) and the Parent or Guardian.

If the doctor fills out this form, the medication needs to be brought to camp on the **first day** your child attends out camp, and picked up on the last day of your child’s camp session. For the safety of your child, we will not be able to admit him/her to our camp without the medication mentioned in the form.

The form(s) must be submitted to SoundWaters no later than **June 1, 2012** (fax, e-mail versions are acceptable).

We strongly advise you send the forms to your doctors office as soon as possible (no physical exam necessary if you are up to date on all immunization requirements). We also advise that you make a complete copy of all paperwork that you submit.



**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
Physical Exams Are Valid For 3 Years
From Date of Last Examination



- Camper
 Staff

Please Return Completed Form to the Camp

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____/____/____

_____ May participate in all camp activities
_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, PA, APRN or RN

Date Form Signed

Telephone Number



Camp SoundWaters

Authorization for the Administration of Medication

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date ____/____/____ Stop Date ____/____/____

Is this medication to be self-administered by the child? YES NO

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug: Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature & Stamp _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above.

Name of Camp _____ Today's Date ____/____/____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication as described and directed above: First

Name _____ Last Name _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink) _____

A separate form is required for each medication