

Camper Health Form Instructions

Instructions for Completing the Camper Health Form

Please complete and submit the camper's health form at least 2 weeks prior to your arrival at camp. This allows us time to review the form to ensure its accuracy. Incomplete forms may delay your check-in process or affect your camper's ability to attend camp.

Please bring the original form with you to camp so that we can use that as the primary copy. The electronic upload will serve as a backup.

1. Page 1 is to be completed and signed by the camper's parent or guardian.
2. Pages 2-3 are to be completed by the camper's health care provider. Please provide pages 2-3 to the camper's doctor well in advance and have them return it to you.
3. Review the form to ensure all 3 pages are complete and accurate, then follow the instructions below to upload a pdf of the form to your account. Remember to bring the original with you to camp.

Instructions for Submitting the Camper Health Form

Once the camper health form is fully completed, please follow the instructions below to upload it to your online account. Please ensure that all three pages of the form are complete, including the parent's and doctor's signatures, record of immunizations (or documentation of no immunizations), and all information requested in the forms.

To upload the form:

1. Scan the 3 page form (1 page from parent + 2 pages from camper's doctor) and save as a single PDF. If you are unable to scan the form as a PDF you may upload the form using your phone's camera.
2. Go to CampHickoryHill.org/account and log in to your online account.
3. In your account, click on the menu and select "Document Center"
4. In the document center, click on the button, "Upload Document", then select "Camper Health Form".
5. Select the camper's name, then upload the PDF or submit the photos of the form. If submitting using your phone's camera, please ensure the form is readable in the pictures.

If you have any problems or are unable to upload the form in your account please contact us. As an alternative you may mail a copy of the health form to camp and keep the original to bring with you.

You may mail a copy (not the original) to:

Camp Hickory Hill
2970 Kohler Rd.
Varysburg, NY 14167



To be completed by Parent / Guardian

This form **MUST** be accurately completed for each camper and submitted prior to check-in at camp. This form is to be completed by the camper's parent or guardian. In addition to this form there is a separate form to be completed by the camper's Health Care Provider.

Camp Hickory Hill is located on a hillside and will be physically challenging if your child's mobility is limited or health is otherwise impaired. Please be certain your child is in good health and up to the physical demands upon arrival at camp. We will be unable to safely accommodate some types of medical conditions. Please contact the camp if you have questions regarding this health form.

Please be advised that we are subject to New York State laws and require the EXACT information requested. Failure to document this information will result in a delay at check-in.

Camper Name _____ Gender **M** **F** Date of Birth _____
Address _____ City _____ State _____ Zip _____

PRIMARY PERSON TO CONTACT IN CASE OF EMERGENCY: (Parent/Guardian)

Name _____ Relationship to camper _____ Phone _____

Health Insurance Information

Carrier _____ Type _____

Policy # _____ Phone # (____) _____

In Whose Name? _____

IMMUNIZATIONS - Please make sure a record of immunizations is provided by the camper's medical care provider. If no immunizations have been given, we must have documentation of that.

- ☐ My child may carry and use the insect repellent that is sent with him/her to camp. If my child is unable to physically apply insect repellent, he/she may be assisted by an approved camp staff member if my child requests it. (Check box to left to authorize)

Please share any further comments regarding your child's social, emotional, and/or psychological well-being that would be important for the staff to be aware of (this information will only be shared with the Camp Nurse, Directors and your child's specific counselor for the safety and well-being of the campers _____

Parent's Authorization (must be signed): The information in this form is correct, and the person herein described has permission to engage in all camp activities, except as noted on this form. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above. I also authorize the camp nurse to administer treatment as per standing order protocol and to administer any medications prescribed by his/her physician as listed on the Health Care Provider Form.

Parent/Guardian Signature

Relationship

Date

*IMPORTANT! PLEASE READ:

Please be sure to submit the Health Care Provider Form to your child's pediatrician for their review and signature. Typical school health assessment or sports forms are not acceptable, as they do not authorize general medical care for your child in the event it is required. If your child takes medication, bring enough medication to last the entire time at camp. **Keep all medication in the original and current packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.**



To be completed by Health Care Provider

Dear Health Care Provider,

Your patient: _____ DOB: _____ is applying to attend a week of summer camp. There will be a Camp Health Director at camp during the week to provide for any health care needs of all campers. Your office and the camper's parents would also be contacted should the situation warrant. There is a local hospital approximately 15 miles away where emergency services are always available. Please review the following general prn orders and make changes by crossing out standing orders if necessary and writing new orders into the third column under "Doctor's Orders", including any additional OTC or prescription medications. Your signature at the bottom will authorize the camp health personnel to administer treatment should your patient require it during their stay at camp. The Camp Health Personnel meet all certification standards according to the New York State Sanitary Code for Overnight Camps.

Orders for Camp Nursing Care

Camper presents with:	Standing Orders	Doctor's Orders in place of Standing Orders
Seasonal Allergy Symptoms	Benadryl, Loratadine, Cetirizine, or Fexofenadine per dosing instruction.	
Mild Pain	Tylenol or Ibuprofen per dosing instruction.	
Any Anaphylactic Reaction (bee sting, allergy, etc.)	Give Epi-pen and call 911 immediately.	
Contact Dermatitis/Skin Allergies	Apply hydrocortisone cream per dosing instruction.	
Stomach upset	Assess for dehydration, give clear liquids. Tums may be given for acid indigestion.	
Fungal-type Skin infections	Apply Clotrimazole cream per dosing instruction.	
Persistent Cough	Mucinex per dosing instruction	

List all Allergies:

Food: _____

Medications: _____

Insect Stings: _____

Other: _____

List any food or activity restrictions:

Record of Immunizations: (or attach a copy of immunization records) ☐ Check here if no immunizations

Type: _____ Date: _____ Type: _____ Date: _____

Type: _____ Date: _____ Type: _____ Date: _____

Type: _____ Date: _____ Type: _____ Date: _____

Type: _____ Date: _____ Type: _____ Date: _____

CAMPER'S NAME: _____

Please list **ALL** medications (**including over the counter, nonprescription, vitamins, or supplements**) taken routinely. No OTC medications including vitamins and supplements may be given unless listed below or as a standing order on the previous page of this form.

Medication	Dosage	Specific times taken each day	Purpose

Attach additional pages for more medications.

ADDITIONAL PRN MEDICATIONS THAT MAY BE GIVEN: _____

MEDICATION RESTRICTIONS: _____

- ☐ Please check if the camper must always keep their inhaler with them.
- ☐ Date of last physical exam: _____ (does not need a physical to attend camp)

Additional information for the health care staff at Camp Hickory Hill pertinent to this registrant:

In my opinion, the above registrant is able to participate in an active camp program.

Signed: _____
***Signature of Licensed Medical Personnel (MD, PA, or CNP ONLY)**

**This signature is required for any camper or for any staff member under the age of 19. By signing this form, the MD, PA or CNP is indicating they have read both pages of this health form. An electronic signature is acceptable.*

Printed Name of Physician: _____ Date: _____

Physician's Professional License Number: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____