

SOUND VIEW CAMP & RETREAT CENTER
8515 KPHS Longbranch, WA 98351 (253) 884-9202
Medication & Medical Examination Form

A copy of this form must be present at the first day of each session your camper attends. If you are mailing your forms early, make sure they are at Sound View one week PRIOR to your camper's arrival. You may make as many copies as sessions your camper is attending. If we don't have the form at check-in, you will have to refill out the information during the check-in process.

Session Name: _____ Session Date: ___/___/___ to ___/___/___
Camper Name: _____ B.D. ___/___/___ Age: _____
Address: _____ City: _____ St.: _____ Zip _____ PH: _____

MEDICATIONS:

Please give details of all medications (including dosage) the camper is bringing to camp. MEDICATIONS MUST BE IN ORIGINAL PRESCRIPTION BOTTLE. Medication name, child's name and directions for administering must be clearly written on the label.

MEDICATION #1:

Medication Name: _____ For what condition?: _____
Date(s) and Time (s) of administration: _____
Administer via: ___mouth ___nose ___ear ___inhaler ___other: _____ Dosage Amount: _____
Special instructions, side effects or other information regarding medication storage, administration, etc.: _____

MEDICATION #2:

Medication Name: _____ For what condition?: _____
Date(s) and Time (s) of administration: _____
Administer via: ___mouth ___nose ___ear ___inhaler ___other: _____ Dosage Amount: _____
Special instructions, side effects or other information regarding medication storage, administration, etc.: _____

MEDICATION #3:

Medication Name: _____ For what condition?: _____
Date(s) and Time (s) of administration: _____
Administer via: ___mouth ___nose ___ear ___inhaler ___other: _____ Dosage Amount: _____
Special instructions, side effects or other information regarding medication storage, administration, etc.: _____

MEDICATION #4:

Medication Name: _____ For what condition?: _____
Date(s) and Time (s) of administration: _____
Administer via: ___mouth ___nose ___ear ___inhaler ___other: _____ Dosage Amount: _____
Special instructions, side effects or other information regarding medication storage, administration, etc.: _____

MEDICAL EXAMINATION or WAIVER OF MEDICAL EXAMINATION – Parent or Guardian, complete one of the options below:

MEDICAL EXAMINATION – To be completed/signed by a licensed physician based on examination during the previous 18 months.

I find the applicant to be in good health and able to take part in activities at camp with the following exceptions:

___ None ___ Backpacking ___ Overnight Trips ___ Boating ___ Field Games
___ Hiking ___ Swimming ___ Diving ___ Biking ___ Other: _____

All known, pertinent information related to this individual's health, physical condition, activity restrictions, treatments and medications ___IS ___ IS NOT included on the camper's health form. Physician's comments, additions, modifications; past or ongoing medical treatments or medications; or comments on health history (attach separate sheet if necessary): _____

Date of Exam: _____ Signature _____, M.D.
Physician's Phone: () _____ Address: _____

WAIVER OF MEDICAL EXAMINATION

Sound View recommends that all enrollees in Sound View programs have a medical examination prior to arrival. Such an examination is required unless the following waiver and indemnity agreement has been signed. This agreement must be accompanied by the completed Health History Form (completed on-line or paper version) and signed by the parent or guardian. If using the paper version of the Health History you must bring to check-in or mail to SVC at least one week prior to session check-in, complete with **parent/guardian signature**.

I, the undersigned parent or legal guardian of _____, in lieu of a physician's examination, declare that to the best of my knowledge and belief, this participant is in good health and requires no special protection, attention or medication beyond what is stated on the Health History Form. I hereby release Sound View Camp, Sound View staff, and all related organizations and agencies from all liability for injury or illness to the extent that such injury or illness was caused or aggravated by a condition that could have been discovered by medical examination.

Signature of Parent/guardian

Date