



# Health Form for Grandchild

In the event of an injury or emergency, this information will be provided to medical personnel.

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian \_\_\_\_\_ (if applicable) Cell \_\_\_\_\_ Work \_\_\_\_\_

## Emergency Contacts

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

## Insurance Information

Carrier or Plan Name \_\_\_\_\_ Group \_\_\_\_\_

Insurance Company Mailing Address \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

SS# of Policy Holder or Insurance ID# \_\_\_\_\_ DOB of Policy Holder \_\_\_\_\_

## Health History

Does this camper have a history of asthma?  Yes  No

If yes, list any regular or as-needed medications used to treat \_\_\_\_\_  
*\*you are required to bring all asthma meds to camp*

Does this camper have an epi-pen or epi-pen jr. for emergency allergy reactions?  Yes  No

If yes, what allergy may require the use of epi-pen or epi-pen jr? \_\_\_\_\_  
*\*you are required to bring all epi pens to camp*

\*Current medications to be taken at camp \_\_\_\_\_

Are all immunizations required for school up-to-date  Yes  No

Date (month/year) of last Tetanus (must have current Tetanus prior to camp) \_\_\_\_\_

Past Medical History (Include all surgical procedures) \_\_\_\_\_

I hereby give permission to the medical personnel selected by the camp administration to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me. I further give permission to the medical personnel selected by the camp administration to secure and administer treatment, including hospitalization, for the person named above.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

If I have any physical or health conditions that may restrict my participation in camp activities, I agree to abide by those restrictions.

Camper Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Health Form for Grandparent

In the event of an injury or emergency, this information will be provided to medical personnel.

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

## Emergency Contacts

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

## Insurance Information

Carrier or Plan Name \_\_\_\_\_ Group \_\_\_\_\_

Insurance Company Mailing Address \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

SS# of Policy Holder or Insurance ID# \_\_\_\_\_ DOB of Policy Holder \_\_\_\_\_

## Health History

Do you have a history of asthma?  Yes  No

If yes, list any regular or as-needed medications used to treat \_\_\_\_\_  
*\*you are required to bring all asthma meds to camp*

Do you have an epi-pen for emergency allergy reactions?  Yes  No

If yes, what allergy may require the use of epi-pen \_\_\_\_\_  
*\*you are required to bring all epi pens to camp*

\*Current medications to be taken at camp \_\_\_\_\_

Are all immunizations up-to-date?  Yes  No

Date (month/year) of last Tetanus (must have current Tetanus prior to camp) \_\_\_\_\_

Past Medical History (Include all surgical procedures) \_\_\_\_\_

I hereby give permission to the medical personnel selected by the camp administration to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me. I further give permission to the medical personnel selected by the camp administration to secure and administer treatment, including hospitalization, for the person named above. If I have any physical or health conditions that may restrict my participation in camp activities, I agree to abide by those restrictions.

Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Expectations and Permissions

## Camper Behavior Contract

Because Camp Wyoming will be my home for a period of time, I agree to make it a safe place for myself and others; therefore, I agree to conduct myself in the following manner:

- I will respect myself and others.
- I will listen to others including staff and fellow campers.
- I will control my own behavior and use appropriate language.
- I will not cause physical or emotional harm to other campers or staff.
- I will not bully other campers or staff.
- I will respect the environment, camp equipment, property, and other campers' belonging.
- I will wear appropriate clothing and footwear for all activities at camp.
- I will not possess or use alcohol, tobacco, illegal substances, or any paraphernalia.
- I will not engage in or threaten abuse of any kind.

Discipline Policy: Camp operates on a three strike policy. A strike can be given by any staff member for any infraction of the above behavior contract. After a second strike is given, the Associate Director will contact my parent(s)/guardian(s). Upon a third strike, I will be sent home and my parent(s)/guardian(s) will be required to pick me up that day. Camp Wyoming has a zero tolerance policy on bullying and the possession or use of alcohol, tobacco, or illegal substances. Breaking this policy will result in an immediate three strikes, and I will be sent home.

By signing below, I am indicating that I have reviewed this Camper Behavior Contract with my parent(s)/guardian(s) and agree to abide by the rules. I understand that in the event I am sent home, no refund will be given. Following these rules will help camp be a safer environment for everyone.

Grandchild Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## The Sacrament of Communion

The Sacrament of Communion is an outward and visible sign and seal of the promises God makes through the Gospel of Jesus Christ. It nourishes the faith of believers in the Church community and unites Christians. If the camp offers communion in its worship, the camp will use bread and grape juice to symbolize the body and bread of Jesus Christ. An ordained pastor will officiate the communion and will be accompanied by another pastor or elder. Presbyterians have an open table, meaning that if you trust in Jesus Christ as your Savior you are welcome to participate regardless of denominational affiliation.

I permit my son/daughter to participate in communion during their worship experience at camp.

I do not permit my son/daughter to participate in communion during their worship experience at camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent-Provided Information

Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions/considerations while your camper is at camp: \_\_\_\_\_

\_\_\_\_\_



# Non-Prescription Medication Consent

The following non-prescription medications are available at the Camp Wyoming Health Center. Please read over the list and initial those medications that you give the health officer authorization to give your camper. The medications will be administered as needed ONLY if initialed by the camper's parent/guardian.

Camper Name \_\_\_\_\_

Initials	Medication	Dose	Frequency
_____	Acetaminophen Jr. (Tylenol) 160 mg	2-3 tablets	every 4-6 hours
_____	Acetaminophen Jr. (Tylenol) Liquid	1-3 tsps	every 4-6 hours
_____	Acetaminophen (Tylenol) 500 mg	1-2 tablets	every 6 hours
_____	Ibuprofen (Motrin) 200 mg	2 tablets	every 6 hours
_____	Ibuprofen (Motrin) 100 mg	1-2 tablets	every 6 hours
_____	Cough Drops	1 drop	every hour
_____	Children's Cold Reliever	2 tsps	every 4-6 hours
_____	Cold Reliever (Ages 12+)	2 tablets	every 4-6 hours
_____	Antihistamine (Benadryl)	1-2 tablets	every 4-6 hours
_____	Antacid (Tums) 750 mg	2-4 tablets	as needed
_____	Pepto Bismol	2 tbsp	every 1/2 to 1 hour
_____	Artificial Tears	1-2 drops	as needed
_____	Hydrocortisone Cream	Topical	every 4-6 hours
_____	Triple Antibiotic Ointment	Topical	as needed
_____	Aloe Vera (sunburn)	Topical	as needed
_____	Calamine Lotion (bug bites)	Topical	as needed

REQUIRED CONSENT: I authorize the health office to administer the non-prescription medications that I initialed above in brand name or generic form if necessary for my camper's comfort. Any medications non initialed by parent/guardian will NOT be administered to the camper at any time.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_



# Medication Sheet

Camper Name \_\_\_\_\_ Camp Session & Date \_\_\_\_\_

Fill out the form below for each of the medications your camper will be taking while at camp, including medications prescribed on an as-needed basis. Place a checkmark next to each time of day the medication is to be taken. The camp health officer will initial each time the medication is administered in the appropriate space on the chart below.

		Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
Medication:								
Dosage:								
Instructions:								
To be taken at:	Breakfast							
	Lunch							
	Supper							
	Bedtime							
Medication:								
Dosage:								
Instructions:								
To be taken at:	Breakfast							
	Lunch							
	Supper							
	Bedtime							
Medication:								
Dosage:								
Instructions:								
To be taken at:	Breakfast							
	Lunch							
	Supper							
	Bedtime							
Medication:								
Dosage:								
Instructions:								
To be taken at:	Breakfast							
	Lunch							
	Supper							
	Bedtime							