



YMCA CAMP CHANDLER

Ranger & Specialty Camps

Parent Packet 2022

ALL FORMS must be returned to the camp office at least one week before your child's session starts.

Be sure to include the following items when you return your child's completed registration packet:

- Parent to Counselor Letter
- Camper to Counselor Letter
- Parent Authorization Form
- Release & Waiver of Liability
- Staff Code of Conduct
- Medical Form

Submitting Forms

Please return forms by mail or email

Mail: YMCA Camp Chandler
1240 Jordan Dam Rd.
Wetumpka, AL 36092

Email: jikner@ymcamontgomery.org
Office: (334) 229-0035

If you have any questions about your registration packet, please feel free to call our office at (334)229-0035. We look forward to seeing you soon at YMCA Camp Chandler! It's going to be a GREAT summer!



www.campchandler.org
1240 Jordan Dam Rd. Wetumpka AL 36092
334-229-0035 (office)



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Important Information for this Summer

DIRECTIONS

From **I-65** merge onto the Northern Blvd via Exit 173 toward US-231. Take US-231 N ramp toward Wetumpka (left). Follow US-231 N all the way into Wetumpka. This is approximately 17 miles. If the road becomes 2 lanes, then you have gone too far. You will see a sign for Swayback Bridge Trail, Jordan Dam, and for YMCA Camp Chandler directing you to take a left (Bryson Veterinary Clinic is on the right). Take this left onto Old Hwy 231. Continue straight until you come to the fork in the road. There will be signs again for the Swayback Trail and Camp Chandler directing you to veer left onto Jordan Dam Road. Take that left and follow this road straight to Camp Chandler.

If coming from **I-85 S**, take the Eastern Blvd exit, Exit 6. Turn onto US-231 North. Continue to follow US-231 N and take the US-231 N ramp toward Wetumpka. From US-231 N follow the same directions given above.

TYPICAL DAILY SCHEDULE

7:00	Reveille
7:30	Breakfast
8:00	Flag Raising
8:10	Devotion in Chapel
8:30	Cabin Clean-Up
9:30	Activity 1
10:30	Activity 2
11:30	Cabin Time Activity
12:30	Lunch
1:00	Rest Period
2:00	Camp Store
2:30	Free Swim
4:00	Activity 3
5:00	Activity 4
6:00	Camp Nut and Flag Lowering
6:15	Dinner & Mail Call
7:00	Night Activity
8:30	Devotion/Beads
9:00	Showers
10:00	Lights out

ACTIVITIES VARY BY AGE GROUP AND SPECIALTY PROGRAM

CHECK-IN

2–3 PM on the Sunday of your child's session.
No early arrivals, please. Check-in is now a drive-thru process. Be prepared to stop at the following stations.

- Temperature Check/Medical Questions
- Cabin Assignment and Forms
- Medical Check-in

Remember, check-in will move smoother and faster if camper forms are turned into the camp office ahead of time.

You will now drive to your campers cabin. Counselors will unload camper's belongings and help them setup their bunk. Due to COVID guidelines, parents are not allowed inside the cabins. You're welcome to take pictures with your campers outside of the cabin.

Camp Fever and Health Screening Policy

One step we take to keep camp healthy and safe is to screen each person that comes to overnight camp. All campers will have their temperature taken at check-in by our medical staff. Campers with a fever, designated at 100.4°F or higher, will not be allowed to begin their camp experience at that time. Campers must be cleared by a doctor and fever free for 48 hours before returning to camp. This very necessary step is taken to ensure all campers are given an opportunity to experience a healthy and safe summer camp.

LICE CHECK

Campers will be screened for lice prior to cabin entry. (a lice outbreak can cause a full shutdown of camp operations so we must take this important step seriously). If your camper is found to have lice or nits, they must leave camp immediately, and will not be permitted to return until the camper has documented clearance by a doctor.

CHECK-OUT & CLOSING CEREMONY

In an effort to minimize the risk of COVID-19 exposure, we will continue a "drive-thru" checkout process with no closing ceremonies for parents. Check back with us for the latest updates. You must show a valid ID at checkout.



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Keeping In Touch

MAIL & PACKAGES

We all enjoy opening the mailbox to see a personal letter from a friend or family member, and your child is no different. An encouraging note from Mom or Dad or a package of goodies to share with the cabin from Grandma and Grandpa is sure to add some excitement to the day.

To cut down on lost mail All mail must be turned in at Check-In this summer.

If you would like your child to send letters home, it is a good idea to send pre-stamped and pre-addressed envelopes along with pencil and paper.

TELEPHONE

Some parents may wish to speak with their child during the session, but we do not allow campers to receive or place phone calls while at camp. Feel free to call our office if you have any questions or concerns. Parents can call the Camp Director at (334) 538-4658 to check on their child. Any message that needs to be given to campers will be done through our directors. **Cell phones are strictly prohibited.** Please do not send them with your child.

EMERGENCIES

If an emergency should occur and you need to get in touch with one of our directors, please call (334) 538-4658. We will notify parents immediately if any emergency occurs with your child while at camp.

CAMP STORE

We provide a variety of snacks including granola bars, chips, crackers, candy, soda and water. Your child's store money is already included in his or her camp tuition. Each child will receive a drink and a snack daily at their store visits.

EMAIL (Called "Bunk Notes")

Campers can receive email messages sent via Bunk1.com. Log into Bunk1 through the camp website by clicking on the camper email and photo banner on the main page. Parents must register for this service the first time and use the code given out at check-in. Bunk Notes are compiled at 2am and distributed at dinner each day, **Monday through Thursday.**

PHOTOS

This is a great way to see your child having a fun time at camp! Photos can be accessed through Bunk1.com. Pictures are uploaded to Bunk1 each evening and can be viewed by parents registered with Bunk1 using the camp-distributed pre-approval code. Be sure to take home our Bunk1 info sheet from check-in. A slideshow of your child's adventure at camp will be showcased at our awards ceremony.

Questions regarding Bunk1 services while your child is at camp can be directed to Bunk1 at (800)216-9472.

VISITATION

Because your child's safety is our utmost concern, **we do not allow visitors into our camp.** Once you say goodbye on Sunday, your camper is going to have an experience they will always cherish. You can hear all about it from your camper when you pick them up **Friday!**

CAMP INFIRMARY

We strive to make sure your child's camp experience is accident and illness free. Should either of these occur, you can feel confident in placing your child under our care and supervision. Staff at Camp Chandler are first aid and CPR certified. All medications must be checked in at registration. We ask that you please send only the amount of medicine needed during your child's stay. All medications must be in the original container in order to be dispensed by our staff. Non-prescription drugs will require a parent, guardian, or individual physician's signature. Bring any medications and detailed instructions for our staff with you to the check-in table. Don't forget to retrieve your child's medication at check-out.



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Packing List

- 7 pairs of underwear
- 2 pairs of long pants (required for horseback)
- 7 t-shirts
- 7 sets of shorts
- 7 pairs of socks
- Poncho/Rain Jacket
- 1 pair of sneakers
- Shower shoes/flip flops
- Boots or closed-toed shoes (required for horseback & climbing tower)
- 2 pair of pajamas
- 2 swimsuits
- Sleeping bag/bedding
- Twin fitted sheet
- Pillow/pillowcase
- Laundry bag
- Flashlight with batteries
- **NO Cell Phones**
- 2 bathing towels
- Beach towel
- 2 washcloths
- Soap/soap dish

- Toothbrush/toothpaste
- Comb or hairbrush
- Shampoo/conditioner
- A shower caddy to carry items to bathhouse
- Sunscreen
- Insect repellent
- Sunglasses
- Hat
- Bible
- Books for rest period
- Letter writing materials and postage
- Water bottle with name
- Tacky outfit for Campchella
 - * Each week will feature tacky dress at the Camp Party. Campers are encouraged to bring a tacky outfit for the Party, but remember that just about anything can look tacky with the right touch. FUN is the real theme each week and the Camp Chandler staff is ready to make each camper's experience the best possible.

It is a good idea to write your child's name on all of their belongings.

ADDITIONAL ITEMS FOR SPECIALTY CAMPERS

- Wranglers should bring up to 5 pairs of long pants and 1 pair of hard soled boots with a heel for riding in addition to the suggested list.
- Fishing campers are welcome to bring a personal rod, reel, and any other tackle if they wish. However, it is not necessary.
- Extreme campers should include closed toed shoes for all climbing and adventure activities.

Camp Chandler accepts no responsibility for personal property. Personal sports equipment may not be brought to camp without prior approval and consent of Camp Director in accordance to camp policy.

ITEMS TO LEAVE AT HOME

Cell phones, knives, firearms, fireworks, trading cards, animals and pets, items of sentimental or monetary value, and all forms of "tech-toys" (cell phones, iPads, digital cameras, gaming devices, etc.).

We encourage our campers to be unplugged while at camp, and require that you honor this request. Any of these prohibited items brought to camp will be collected by our directors, and returned at the end of the session. Please note that cell phones are prohibited!

Alcohol, Tobacco, and Illegal Drugs are not allowed on camp grounds.



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Parent to Counselor Letter

All information below will be shared with your child's counselor, but will remain confidential from all other campers. Your cooperation in providing complete information on this form will help us to more effectively meet the needs of your child.

Camper's Name: _____ Age: _____ Gender: Male Female

Nickname _____ Birth Date: _____

Grade (in coming Fall): _____ Session(s) your child is attending: _____

Has your child been away from home overnight before? _____

Has your child been to camp before? Yes No

Has your child been to Camp Chandler before? Yes No If yes, how many years? _____

How does your child feel about coming to camp? _____

What would you like your child to gain from his or her camp experience? _____

What chores does your child do at home? _____

What does your child do in his or her free time? _____

Can your child swim? Yes No

Is your child afraid of the dark? Yes No

Does your child sleepwalk? Yes No

Does your child ever wet the bed? Yes No

If yes, what are your suggestions to help avoid the bedwetting? _____

Does your child have any fears or concerns we should be aware of? _____

If so, how can we help him/her to have a good experience? _____

Does your child have any special dietary needs? _____

Things my child is allergic to: _____

Are there any special concerns that you would like our staff to be aware of? _____

Parent/Guardian's Signature: _____

YMCA CAMP CHANDLER

Camper to Counselor Letter

Are you ready for camp? We are, and we would like to get to know you a little better before you get here! Take just a few minutes and fill out this letter; it will help us to plan many activities for you and your cabin mates. Get ready, this summer will be an experience that will last a lifetime! We are going to have the time of our lives!

My name is _____, but my friends call me _____.

Some things that I really enjoy doing are _____,
_____ and _____.

My favorite subject at school is _____.

Most of my friends say that I am _____.

If you were to ask my best friend about me, they would say that I _____
_____.

My best friends are people who _____.

I am coming to Camp Chandler because _____.

I think my favorite camp activity will be _____.

I think it would be fun if my cabin could do _____ as a camp activity.

As my counselor, I would like you to know _____
_____.

One thing I really want to accomplish while I am at camp is _____
_____.

I understand that I am coming to YMCA Camp Chandler to develop new skills, be a good friend, and have a great time. I understand that there are camp rules that I must follow in order for everyone to have fun. I agree to follow the YMCA Camp Chandler rules including being considerate of my cabin mates, cooperating with my counselors, and practicing good health habits.

Camper Signature: _____

YMCA CAMP CHANDLER

Parent Authorization

The safety of your child is of the utmost importance to us. This form is designed to avoid confusion during the check-out process. **Complete only the top portion of this form**, and please return this form at least two weeks prior to your child's arrival at camp. The bottom portion will be filled out on check-out day by you and the Camp Chandler staff. The camp intends to follow your instructions.

Camper's Name: _____ Session: _____

The above named camper will be picked up at Camp Chandler by the following person(s):

Please Print Name: _____

OR, the person(s) listed below have my permission to pick up the above named camper at Camp Chandler:

Name	Relationship
_____	_____
_____	_____
_____	_____

I agree to protect Camp Chandler, the YMCA, and their employees from any liability (including attorney's fees) for following my instructions.

Signature of Parent or Guardian _____ Date _____

Sign-Out Section: For Use at End of Camp Session

A photo ID is required of the person picking up camper. The adult must be one of the persons listed above for authorized release of your camper.

The person named above, picked up the camper named above:

Date: _____

Authorized Release Signature: _____

Camp Chandler Staff Signature: _____

YMCA CAMP CHANDLER

Release and Waiver of Liability and Indemnity Agreement

In consideration for being permitted to utilize the facilities, services and programs of The Young Men's Christian Association of Montgomery, Inc. ("YMCA"), the undersigned, on behalf of himself or herself and his or her heirs, personal representatives and next-of-kin, does hereby agree to the following:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its successors and assigns, and its directors, officers, employees, and agents (collectively, the Releasees) from any and all claims, demands, damages, actions, causes of actions, or suits of whatever kind or nature arising or resulting from any loss or damage to property or injury or death to person, whether caused by the negligence of Releasees or otherwise, while he or she is in, upon, or about the premises of the YMCA or using any of its facilities, services or equipment, or participating in any program or activity offered by or affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage, or cost they may incur, whether caused by the negligence of the Releasees or otherwise, due to his or her presence in, upon, or about the premises of the YMCA or use of its facilities, services or equipment, or participation in any program or activity offered by or affiliated with the YMCA.
3. THE UNDERSIGNED HEREBY EXPRESSLY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether caused by the negligence of Releasees or otherwise, while he or she is in, upon, or about the premises of the YMCA or using any of its facilities, services or equipment, or participating in any program or activity offered by or affiliated with the YMCA.

In the event of injury, the undersigned hereby authorizes the Releasees to provide or cause to provide such medical care and treatment to him or her as may be necessary and appropriate. The undersigned understands that he or she is solely responsible for all costs incurred for such medical care or treatment.

The undersigned hereby gives his or her permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include the image or voice of the undersigned for the purpose of promoting or interpreting YMCA programs and activities.

Name of Camper

Session

Parent or Guardian of Minor Child or Ward

I, as parent or guardian of the above named minor, hereby give my permission for my child or ward to participate in any program or activity offered by or associated with the YMCA and further agree, individually and on behalf of said minor or ward, to be bound by all of the terms set forth above.

Signature of Parent or Guardian

Date

YMCA of Greater Montgomery Staff Code of Conduct

1. In order to protect YMCA staff, volunteers and program participants, at no time during a YMCA program may a staff person be alone with a single child where they cannot be observed by others. As staff supervise children they should space themselves in such a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff are assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff.
4. Staff should conduct or supervise private activities in pairs—diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff shall not abuse any YMCA participant, child, volunteer or staff member including: physical abuse (to strike, spank, shake, or slap); verbal abuse (to humiliate, degrade, or threaten); sexual abuse (to inappropriately touch or speak); mental abuse (to shame, withhold kindness, or be cruel); neglect (to withhold food, water, basic care, etc.). Any type of abuse will not be tolerated and may be cause for immediate dismissal.
6. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison and criticism. Staff will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in pre-determined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner, and must be documented in writing.
7. Staff will observe and report to immediate supervisor any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented. ALL REPORTS ARE TO BE CONFIDENTIAL.
8. Staff will respond to children with respect and consideration and treat all children equally regardless of sex, race, religion or culture.
9. Staff will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents and staff.
11. While the YMCA does not discriminate against an individual's lifestyle, it does require that in the performance of their job, they will abide by the standards of conduct set forth by the YMCA.
12. Staff must appear clean, neat and appropriately attired.
13. Using, possessing or being under the influence of alcohol or illegal drugs during working hours is prohibited. Using illegal drugs at any time is prohibited.
14. Smoking or use of tobacco in the presence of children or parents on YMCA property or while participating in a YMCA program is prohibited.
15. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children, parents, or any other staff is prohibited.
16. Staff must be free of physical and psychological conditions that might adversely affect the children's physical or mental health. If in doubt, an expert should be consulted.
17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact and maturity.
18. Staff may not be alone with children they meet in YMCA programs outside of the YMCA. This includes babysitting, sleep overs, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to administrator approval.
19. Staff are not to transport children in their own vehicles.
20. Under no circumstances should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).
21. Staff are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend training on the subject as instructed by a supervisor.
22. Staff will act in a caring, honest, respectful, and responsible manner.
23. Any and all infractions and violations of this policy should be reported to the Branch Director or the General Director.

I understand that it is my responsibility as a parent to monitor the actions of the staff and will bring any behavior that is inconsistent with the staff code of conduct to the attention of someone in authority at the YMCA.

Parent's Signature _____ Date _____

YMCA CAMP CHANDLER

Medical Form

Med Form Page 1
To Be Completed by Parent

Camper Name: _____
First Middle Initial Last

Date of Birth: _____ Male Female Camp Session: _____
Month Day Year

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Parent/Guardian 1: _____ Cell Phone: _____

Parent/Guardian 2: _____ Cell Phone: _____

Emergency Contact (other than above): _____ Phone: _____

Health Care Physician: _____ Phone: _____

This camper is covered by family medical/hospital insurance Yes No

Insurance Company _____ Policy Number: _____

Group #: _____ Name of Cardholder: _____

Insurance Company Phone Number: _____ Date of Birth of Cardholder: ____/____/____

General Health History

Check "Yes" or "No" for each statement.

Has/does the camper:

1. Ever been hospitalized Yes No
2. Ever had surgery Yes No
3. Have recurrent/chronic illnesses? Yes No
4. Had a recent infectious disease? Yes No
5. Had a recent injury? Yes No
6. Had asthma/wheezing/shortness of breath? Yes No
7. Have diabetes? Yes No
8. Had seizures? Yes No
9. Had headaches? Yes No
10. Have skin problems..... Yes No
11. Wear glasses, contacts, or protective eyewear? Yes No
12. Had fainting or dizziness? Yes No
13. Passed out/had chest pain during exercise? Yes No
14. Had mononucleosis ("mono") in past 12 months? Yes No
15. If female, had problems with periods/menstruation?... Yes No
16. Have problems with falling asleep/sleepwalking? Yes No
17. Ever had back/joint problems? Yes No
18. Have a history of bedwetting? Yes No
19. Have problems with diarrhea/constipation? Yes No
20. Traveled outside the country in the past 9 months? ... Yes No
21. Ever been treated for ADD or AD/HD? Yes No
22. Ever been treated for emotional or behavioral difficulties or an eating disorder Yes No
23. Had a significant life event that continues to affect the camper's life? Yes No

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Allergies

- No known allergies
- This camper is allergic to:
 - Food
 - Medicine
 - Environmental (insect stings, hay fever, etc.)
 - Other

Please describe below what the camper is allergic to and the reaction seen:

Diet, Nutrition

- No dietary restrictions
- Special Food Needs

Please describe any special food needs below:

Restrictions

- I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
- I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.

Please describe any restrictions:

YMCA CAMP CHANDLER

Medical Form

Med Form Page 2
To Be Completed by Parent

Camper Name: _____ Date of Birth: _____
First Middle Initial Last Month Day Year

Medications: This camper will not take any daily medication while attending camp.
 This camper will take the following daily medication (s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Provide enough of each medication in the original packaging to last the entire time the camper will be at camp.

Name of Medication	When is it Given	Amount/Dose Given	How it is given
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		

Health Center Medications

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- | | |
|--|---|
| Acetaminophen (Tylenol)
Ibuprofen (Advil, Motrin)
Phenylephrine decongestant (Sudafed PE)
Pseudoephedrine (Sudafed)
Antihistamine/allergy medicine
Guaifenesin cough syrup (Robitussin)
Diphenhydramine (Benadryl)
Dextromethorphan cough syrup (Robitussin DM) | Sore throat spray
Generic cough drops
Lice shampoo or cream (Nix or Elimite)
Antibiotic cream
Calamine lotion Aloe
Laxatives for constipation (Ex-Lax)
Bismuth subsalicylate (Pepto-Bismol) |
|--|---|

Immunization History

Please provide a copy of the camper's immunizations. Forms from health-care providers or state or local government are acceptable; please attach to this form.

Date of last tetanus booster: _____

If your camper has not been fully immunized, please sign the following statement:

I understand and accept the risks to my child from not being fully immunized.

Signature of Parent/Guardian: _____ Date: _____

Is there any other information you would like to share that would help us to serve your child?

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Parent/Guardian _____ Date: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

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Medical Form

Med Form Page 3
To Be Completed by PHYSICIAN

Camper Name: _____
First Middle Initial Last

Date of Birth: _____ Male Female Parent Phone Number: _____
Month Day Year

Camper Home Address: _____
Street Address City State Zip Code

Health Center Medications

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

Acetaminophen (Tylenol)
Ibuprofen (Advil, Motrin)
Phenylephrine (Sudafed PE)
Pseudoephedrine (Sudafed)
Chlorpheniramine maleate
Guaifenesin
Dextromethorphan
Diphenhydramine (Benadryl)
Generic cough drops
Chloraseptic (Sore throat spray)
Lice shampoo or scabies cream (Nix or Elimate)
Calamine lotion
Bismuth subsalicylate (Pepto-Bismol)
Laxatives for constipation (Ex-Lax)
Hydrocortisone 1% cream
Topical antibiotic cream
Calamine lotion
Aloe

Physical Exam

Physical Exam done today:

Yes No, date of last physical: _____

Physical exam must have been completed in the 24 months prior to camp.

Weight: _____ lbs Height: _____ ft _____ in

Blood Pressure: _____ / _____

Allergies

- No known allergies
 To food (list): _____
 To medications (list): _____
 To the environment (insect stings, hay fever, etc.): _____
 Other allergies (list): _____

Please describe previous reactions:

Diet, Nutrition

Eats a regular diet Has a medically prescribed meal plan or dietary restrictions:
Describe below:

Medication

- No daily medications
 Will take the following prescribed medication(s) while at camp:
Name, Dose, Frequency - describe below:

Other treatments/therapies to be continued at camp:
Describe below:

Do you feel that the camper will require limitations or restrictions to activity while at camp?

- No Yes *Attach additional information as needed.*
If yes, what do you recommend:

I have reviewed the Camper Health History (Medical Form Page 1 & 2), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Signature: _____ Date: _____

Name of licensed provider: _____ Phone Number: _____

Office Address: _____
Street Address City State Zip Code

SUMMER CAMP 2022