

CAMP SEQUOIA WEEKEND TRIPS MEDICAL FORM

1. CAMPER'S NAME _____ DATE OF BIRTH _____



2. SCHEDULE OF ADMINISTRATION

<u>TIME</u>	<u>NAME OF MED</u>	<u>DOSAGE (MG)</u>	<u>TIME</u>	<u>NAME OF MED</u>	<u>DOSAGE</u>
(MG) BREAKFAST 8AM	_____	_____	MID-PM 3:30 - 4PM	_____	_____
	_____	_____		_____	_____
MID-AM 11AM	_____	_____	DINNER 6PM	_____	_____
	_____	_____		_____	_____
LUNCH 12:45 PM	_____	_____	BEDTIME 8:30 - 9PM	_____	_____
	_____	_____		_____	_____

3. MEDICATION(S) OR OTC PREPARATIONS TO BE ADMINISTERED AT OTHER TIMES:

<u>TIME</u>	<u>NAME OF MED</u>	<u>DOSAGE (MG)</u>	<u>TIME</u>	<u>NAME OF MED</u>	<u>DOSAGE(MG)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I HEREBY AUTHORIZE CAMP SEQUOIA, LLC TO ADMINISTER THE ABOVE LISTED MEDICATIONS TO MY CHILD AS DIRECTED

PARENT SIGNATURE _____ DATE _____

PARENT'S NAME _____ CONTACT # _____

Parent/Guardian Authorization for Health Care:

I give permission for the Camp Nurse to administer OTC medications on an as needed basis to manage injury and illness. I further authorize the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child 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 Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

Weekend Trip Food & Allergy Questionnaire

Does your son have any dietary needs or food allergies we should be aware of?

- No, he eats a regular, varied diet including a range of kid friendly foods.
- Yes (please elaborate below):

Please note:

If you are concerned that your son will not eat typical kid-friendly offerings at most casual dining or fast-food restaurants, or he is a highly picky eater which may impact the viability of many of the options that would typically be the best solution to his nutritional requirements (for example, he does not like salad but is vegetarian, etc.) please let us know and be prepared to pack additional snacks he prefers.

Does your son have any additional allergies, conditions, or current difficulties that we should be aware of for the weekend? (Examples: Asthma, bed wetter, insomnia, sleepwalks, recent broken bone, etc.):

We will have a member of our medical team for all our weekend trips. Please make sure that there are enough med doses for **both Saturday and Sunday (we encourage you to send 1 extra pill if you know that dropping a pill is a frequent event in your house)**. If your son is joining us on Friday evening, please make sure to package additional medication accordingly. To assist in med administration, please ensure that his medications are either:

1. Labelled Pill bottles in a Ziplock bag labeled with his first and last name
2. In a labeled commercial pill pack or labeled daily medication separator pack
3. In individual baggies with his name, medication(s), doses, and time of day for administration on each.

In the case of a medical emergency where we cannot get ahold of you, who should we call?

Emergency contact Name: _____ **Relationship to Camper:** _____

Phone Number: _____ **(Optional) Secondary Number:** _____