



**IMPORTANT!**

# INSTRUCTIONS FOR 2008 CAMPER MEDICAL FORMS

Thank you for reading this carefully.

*Required for all campers -- new and returning.*

Camper health and safety is our highest priority, which is why we require that complete medical forms be returned to the camp office well in advance of the start of camp. **No camper can attend camp unless this requirement is met.** No exceptions are made.

These forms are kept in the Camp Health Center and used by the camp nurses, who share necessary information with the appropriate staff. These are also the forms that would accompany your child to the physician or hospital. Complete the enclosed forms as follows. All parts must be completed:

**HEALTH HISTORY FORM FOR CAMPERS** - Emergency Information, Health Insurance and Permission for Treatment.

Filled out by **PARENT/GUARDIAN**. SIGNATURE REQUIRED. **DUE May 15.**

**HEALTH EXAMINATION FORM FOR CAMPERS**

Filled out by **PHYSICIAN** based on the results of an examination within 24 months of camp attendance. A new exam for camp is not needed if you can provide evidence of an exam within 24 months. **PHYSICIAN SIGNATURE REQUIRED**. **DUE May 15.**

**IMMUNIZATION RECORD**

Page 2 of Health Examination form or page 2 of Health History. Must be provided annually. **DUE May 15.**

**INDIVIDUALIZED STANDING ORDERS FOR OVER THE COUNTER MEDICATIONS FORM**

Pages 3 & 4 of the Health Examination form. Required by the State of Connecticut Department of Health to be completed annually by both the **PARENT/GUARDIAN and CAMPER'S PHYSICIAN** for over the counter medications, including vitamins.

**PARENT/GUARDIAN AND PHYSICIAN SIGNATURE REQUIRED**. **DUE May 15.**

**AUTHORIZATION FOR THE ADMINISTRATION OF PRESCRIPTION MEDICATION FORM**

Required by the State of Connecticut Department of Health to be completed annually by both the **PARENT/GUARDIAN and CAMPER'S PRESCRIBING PHYSICIAN/HEALTH CARE PROVIDER** for each prescription medication sent to camp.

\*We have enclosed 2 copies of this form. Please make additional copies as needed.

**PARENT/GUARDIAN AND PHYSICIAN SIGNATURE REQUIRED**. **DUE May 15 OR PRIOR TO YOUR CHILD BEGINNING CAMP.**

**RETURN COMPLETED HEALTH FORMS BY May 15, 2008 TO:**

**CAMPUS KIDS CT, P.O. Box 941, Middlebury, CT 06762**

Phone: 877-525-2181 or 203-758-2097