

Camper Name: _____

Camp Attending: _____

Medical Treatment Preferences

Headaches: ☐ Tylenol ☐ Ibuprofen

Fever: ☐ Tylenol ☐ Ibuprofen

Upset Stomach: ☐ Maalox ☐ Emetrol ☐ Tums ☐ Ginger ale

Sore throat/Cough: ☐ Chloraseptic spray ☐ Cough Drops ☐ Robitussin ☐ salt-water gargle ☐ Nyquil ☐ Dayquil

Stuffy/Runny nose: ☐ Claritin ☐ Zyrtec ☐ Benadryl ☐ Sudafed

Constipation: ☐ Colace (Stool Softener) ☐ Metamucil ☐ Milk of Magnesia

Diarrhea: ☐ Clear liquids only ☐ Kaopectate ☐ Immodium AD ☐ Pepto-Bismol

For minor cuts and scrapes, is it ok to use antibiotic ointment? ☐ yes ☐ no

For insect bites or bee stings with a localized reaction, is it ok to use Benadryl? ☐ yes ☐ no

Any other treatment preferences you would like to make note of:

Allergies/Condition/Medication Information

Allergies? ☐ Nuts ☐ Hay/Straw ☐ Dairy ☐ Bee Stings ☐ Other: _____

What is your child's reaction to the allergy? Are any of the allergies life-threatening?

If you are sending medication with your child, what is the medication's name/dose/purpose/frequency:

Does your child have any physical/emotional/mental/behavioral concerns that we should be aware of?

Has your child ever had: ☐ Seizures ☐ Diabetes ☐ Celiac's ☐ Asthma ☐ Homesickness ☐ Other: _____

Does your child use an inhaler? ☐ Yes ☐ No Date of last tetanus shot: ____ / ____ / ____

“Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well”.

3 John 1:2