Mooers Youth Camp Registration

Camper's Name: _____

Camper's DOB: _____

HISTORY OF THE FOLLOWING:

- ☐ Fainting Spells
- ☐ Seizures/Convulsions
- ☐ Asthma
- ☐ Heart Problems
- ☐ Diabetes
- ☐ Chicken Pox
- ☐ Kidney Disease
- ☐ Fractured Bones
- ☐ Sprains
- ☐ *Other*

Please briefly explain:

_____

_____

_____

_____

OTHER HEALTH INFORMATION OR CONDITIONS WE SHOULD BE AWARE OF:

_____

_____

_____

_____

KNOWN ALLERGIES:

_____

_____

_____

_____

MEDICATIONS:

Please Note:

Medication cannot be given without the medication form completed and signed. One form per camper is required. Your cooperation is greatly appreciated!

☐ Medication Form Completed

Initials: _____

Your child is responsible for going to the Nurse's Station at the required time for medication to be taken.

Mooers Youth Camp Registration

Camper's Name: _____

Camper's DOB: _____

Medication Guidelines:

Dear Parents & Guardians,

In accordance with New York State Law, the listed guidelines are to be followed by camp nurses in connection with the administration of medication to campers at Mooers Camp Meeting Association.

1) Medication must be brought in the original bottle, whether it is prescription (Rx) or over the counter (OTC).
2) There must be a written order from the physician stating the name of the camper, medication to be given, time and dosage, with the physician's signature.
3) There must be a written request from the parent to administer the medication while the child is at camp.
4) A responsible person must deliver medication to camp.
5) Parent/Guardian is responsible to notify the camp if any changes are to be made in the administration of medication to their child.

I give my permission for the camp nurse(s) to administer the following prescribed medications.

Physician's Medication Order

Medication	Dosage	Frequency / Time to be Taken	Route of Administration

Signature of Physician _____

Signature of Parent/Guardian _____

Printed Name of Physician _____

Printed Name of _____

Date _____

Date _____