

LAST MINUTE MEDICAL SHEET



Camper name: (Last) _____ (First) _____

Complete this form and send it with your child to camp. They will need to give it to the nurse (along with any medications) on Monday morning. Please note there are 2 pages to be completed. For the second page, fill in all information as required, using a new row for each medication you are sending to camp with your child. You do not need to fill out anything under Monday-Friday, or the box with nurse name/initials. If you are not sending any medications, leave the table blank but complete the rest. If you are sending "as needed" medications, please fill in "as needed" under "time to be given". **Please email nursing@campfirebiblecamp.ca with any questions.**

LAST MINUTE REMINDERS:

- Please talk to your child about homesickness. Let them know it is normal to feel that way and encourage them to discuss it with their counsellors, camp PALS, nurse, or someone they feel comfortable with at camp. It is important not to promise your child they can call home or be picked up anytime.
- It can get quite chilly in the early mornings and evenings at camp. Please ensure your child has some warm clothes packed (sweaters, pants, blanket), even if it seems warm outside!
- The nurse is unable to administer essential oils or homeopathic medications to campers. Campers may administer these themselves if they know how, however diffusers and medications are NOT permitted in the cabins. Thanks for your cooperation!

LAST MINUTE QUESTIONS: (if answering yes to any question, elaborate on the line below it)

Has the camper:

1. Had any recent exposure (in the last 2 weeks) to a communicable disease (for example Chicken Pox, Influenza/the flu, Norovirus)? Yes No

2. Had any fevers in the last 3 days? Yes No
Note: If your child is visibly unwell or has a fever, please contact the camp nurse before bringing your child to camp. Sick campers will be required to return home.

3. Had any broken bones or sprains in the last month? Yes No

4. Experienced any traumatic events, which might come up at camp (recent or ongoing)?
 Yes No

5. Is there anything else you think the nurse should know? Yes No

I hereby certify the above information is correct to the best of my knowledge.
Parent/Guardian signature: _____ Date: _____

CAMPFIRE MEDICATION ADMINISTRATION RECORD

Camper's Name:
Camp Week:

Medical Conditions:
Allergies:

Nurse Printed Name	Initials

Medication Name, Dose, Route (oral/topical/other)	Used For	Time To Be Given	Monday		Tuesday		Wednesday		Thursday		Friday	

*All Medications including vitamins MUST be brought in their original containers with their original labels and the camper's name.

The camp nurse is unable to dispense medications that are not in their original container, including dosettes.

<p>Camp nurses are authorized to administer these medications to my child.</p> <p>Parent/Guardian signature: _____ Date: _____</p>
