



LAST MINUTE MEDICAL SHEETS 2022

Camper name: (Last) _____ (First) _____

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-Saturday, 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”.

If you have any questions please email the nurse: nursing@campfirebiblecamp.ca

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 or nurse. 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!
- Please remember that mail does not always arrive on time at camp. If you would still like to send mail, ensure it is posted before your child goes to camp so it arrives before or while they are there.
- The nurse is not able to administer essential oils to campers. A camper can administer it to themselves if they know how. Diffusers are also 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), Norwalk Virus)? Yes No

2. Had any fevers in the last 3 days? Yes No

3. Had any lice treatment in the last week? Yes No

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

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

I hereby _____ (allow/do not allow) the camp nurse to administer Over The Counter medications (for example Tylenol, Advil, Gravol, etc.) to my child. I also certify the above information is correct to the best of my knowledge.

Parent/Guardian signature: _____



CAMPFIRE BIBLE CAMP
 MEDICATION ADMINISTRATION RECORD

Camper's Name: _____
 Camp Week: _____
 Camper's Physician and Phone Number: _____

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		Saturday	

*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.

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