

Easterseals Camp Stand By Me Parent Intake

*All campers required to have this form filled, signed, and dated by Parent/Guardian annually (or as updates are needed prior).

Camper Name:				Date of Birth:				
leas	se list who to	o contact for emer	gency and/or med	dical questions in	n order of you would	like to be contacted:		
1	Name:		Rela	itionship:	Best #:	Other #:		
2	Name:	Name:		ntionship:	Best #:	Other #:	Other #:	
How does the camper take medications?								
		CRUSHED	WHOLE	G-TUBE	OTHER:			
		w/WATER	w/APPLESAU	ICE w/PUDD	ING			
		(If camper takes medications in something other than applesauce or pudding, please bring to camp)						

Camp has the following <u>over-the-counter (OTC) medications</u> available, per standing orders. Please specify which of these medications your camper might use. May the following be given <u>if the need arises</u>?

OTC Medications	YES	NO	OTC Medications	YES	NO
Acetaminophen			Anti-diarrheal		
Ibuprofen			Antacid		
Antihistamine			Miralax/Polyethylene glycol		
Decongestant			Milk of Magnesia		
Cough Syrup			Midol/Menstrual Relief Tabs		
Melatonin			Saline Enema		
Docusate sodium			Throat spray/lozenge		

Parent Signature:	Date:
'arent Signature:	Date:

For Campers Bringing Medications: CAMP MEDICATION REQUIREMENTS & INSTRUCTIONS

- 1. All medications (including over-the-counter medications) MUST come in original, pharmacy-packed containers, and need to be clearly labeled with:
 - a. Camper Name
 - b. Drug Name and Strength
 - c. Current Dosage and Times given
- 2. The Camp Medical staff suggest that you arrange for camper medications to be packaged in bubble-packed, pill-packed, or other pre-packaged forms from your pharmacy for their session at camp. Please request this at the time of your Camp Physical, and if you have already had your physical, please make a simple call to your Primary Care Physician (PCP) to request "your prescription and regularly taken over-the-counter medications/supplements be filled for the camp sessions in bubble or pill packs." Most pharmacies are used to packaging medications in this manner, and will be able to do so for the dates requested.
- 3. All medications (prescription, over-the-counter, vitamins, and supplements) will be turned in and reviewed by the nurse during check-in.
- 4. Please provide enough medication for the duration of camp plus 2 extra days.
- 5. Please supply and label any specialty medical supplies necessary for the camper.
- 6. Unused medications/supplies will be returned on the day of departure.
- 7. Any food, water, or formula passed through a G-tube must be included on the MAR with physician instructions.
- 8. Please include any "rescue" medications, enemas, and other treatments that may need to be given at Camp.