

VFW
Camp Trotter
Camp for Children
5566 86th Street
Newaygo, MI 49337

Session # _____

Cabin # _____

CAMP USE ONLY

Health Screener Initials: _____

Notes: _____

Temp: _____

Head Check _____

ALLERGIES: _____

MEDICATIONS: _____

Campers Name: _____
Last First MI

Male/Female Birthdate: _____ Age: _____

Parent/Guardian Authorization and Consent to Treat:

If for any reason you wish not to authorize treatment, please attach a letter of explanation.

I attest that my child (child's name) _____ is in good health and able to actively participate in camp activities except as noted on this form. I take full responsibility to see that my child is properly prepared for camp including having proper clothing, equipment and being in good health.

I authorize the camp to provide routine health care, administer prescribed and over the counter medications that I am sending to camp, as well as any medication recommended by the camp's health care staff. For various problems except as I have noted in this form. I authorize the camp to share information on this Health History documentation with selected camp staff (counselors, health care, etc.) and professional health care providers on a need to know basis.

In case of medical emergency or need for medical treatment, after every reasonable effort has been made to contact me, the family physician or one of the alternates listed on this form or my child's camp registration form, I hereby give my permission to the camp physician or emergency physician to treat my child as necessary. I authorize the camp to arrange transportation from the camp to a medical care facility for treatment. I understand that I am financial responsible for any fees that may occur for transportation or treatment to my child. (MCLA Act 116 Public Act of 1973

Signature of Parent/Legal Guardian _____

Print Name _____ Date _____

_____ I approve pictures to be taken of my child and potentially be used as advertisement on the Camp Website or Facebook page.

Medical Insurance and Physical Information

Insurance Company _____ Policy # _____

Name of Primary Insured _____

Campers Physician _____

Physician Phone # _____

Parent/Guardian Contact Information

Parents/Guardian with legal custody for emergencies:

Name _____ Relationship _____

Home: () _____ Cell: () _____

Second Parent/Guardian;

Name; _____ Relationships _____

Home; _____ Cell: _____

Alternate Contacts (authorized to pick child up at camp)

Name: _____ Relationship _____

Phone: _____ / _____

Name: _____ Relationship _____

Phone: _____ / _____

Is there anyone whom your child cannot be releases to : _____

Allergies: *(Please list all known allergies, including reactions and treatment to be given)*

- No Allergies
- Food Allergies
- Medications
- Environmental
- Other

Diet and Nutrition: please check all that apply, give specifics so we can help meet your child's nutritional needs.

- | | |
|---|--|
| <input type="checkbox"/> Camper eats a normal diet | <input type="checkbox"/> Lactose Intolerant/no dairy |
| <input type="checkbox"/> Vegetarian /Vegan | <input type="checkbox"/> Gluten Intolerant |
| <input type="checkbox"/> PKU | <input type="checkbox"/> Other (be specific) |
| <input type="checkbox"/> Picky Eater (what do they eat) | |

Health History:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hospitalizations | <input type="checkbox"/> Migraines | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Seizures | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Chronic Illnesses | <input type="checkbox"/> Recent Injuries | <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Skin Disorders |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Other |

Please explain any items check above:

Any restrictions on the camper's activities while at camp? If yes, explain.

Mental & Emotional Health:

- | | | | | | | |
|--|--|---|--------------------------------|-------------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> ADD | <input type="checkbox"/> AD/HD | <input type="checkbox"/> ANXIETY | <input type="checkbox"/> OCD | <input type="checkbox"/> PTSD | <input type="checkbox"/> ODD | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Other | | | |

Please explain any items checked above:

Any home, family, school or life experiences or circumstances that camp staff should know about? Please explain:

Anything else we should know about your child:

Medications: All medications must be in Campers name, original container with and Original label!!

Medication Name	Reason for Medication	Amount or dose given	When is it given	How is it given
			__ Breakfast __ Lunch __ 3pm __ dinner __ 8pm/beditme	
			__ Breakfast __ Lunch __ 3pm __ dinner __ 8pm/beditme	
			__ Breakfast __ Lunch __ 3pm __ dinner __ 8pm/beditme	
			__ Breakfast __ Lunch __ 3pm __ dinner __ 8pm/beditme	
			__ Breakfast __ Lunch __ 3pm __ dinner __ 8pm/beditme	

Attach a separate sheet of paper for additional medications

***Immunizations: Please attach a copy of the campers current/up to date record.**

Has your child had the chicken pox? _____

Health Clinic:

The following is a list of medication currently stocked in the health officer's clinic to be administered on as needed basis. Please cross out of any of them you do not want your camper to have. (name brand or generic).

- | | | |
|--------------------|-------------------|-----------------------------|
| Tylenol | Tums | Insect repellent |
| Aleve | Pepto Bismol | Sunscreen |
| Ibuprofen | Altoids | Aloe Vera |
| Benadryl | Kaopectate | Calamine/Caladryl Lotion |
| Sudafed | Milk of Magnesia | Skin Moisturizer |
| Chlor-trimeton | Gatorade | Baking Soda/Meat tenderizer |
| Robitussin | lice shampoo | Hydrocortisone |
| Clariton/zytrec | medicated powder | Antibiotic ointment |
| Chloraseptic Spray | herbal tea | Sweet oil |
| Cough Drops | Anti-fungal cream | deodorant |

Camper Code of Conduct:

Parents: The following are Camp Trotters behavior expectations for campers during the camp session. Please read through the Code of Conduct with your child before camp starts.

While at Camp Trotter I agree to:

- Be a responsible member of the camp community
- Be respectful of the staff
- Be respectful of the buildings and equipment
- Be considerate & respectful of others' feeling, belongings and needs
- Think in advance about the consequences of my actions
- Assure my own and others safety
- Resolve differences in a respectful manner
- Protect the natural environment
- Commit to honest
- Commit to try
- Not to be a bully

Camper Signature: _____

Campers please tell us about yourself and what you are looking forward to at camp this season: