

Please return this form to the Health Center office via upload to CampBrain or Email.

Incarnation Camp

A : PO Box 577, Ivoryton, CT 06442
P : 860-767-0848 E : Healthcenter@incarnationcamp.org
F : 860-767-8432



CAMPER INFORMATION

Full Name :

Date of Birth : / /

Gender :

Age at Camp:

Address

City State Zip

A camper with a chronic disease or medical condition may possess and self-administer prescribed medication for the disease or condition if the camper's parent/guardian has filed a written authorization with the camp nurse. The written authorization must be filed annually and must include the following information.

1. A physician's statement that the camper has an acute or chronic disease or medical condition for which medication has been prescribed.
2. The nature of the disease or medical condition requiring emergency administration of the prescribed medication.
3. The camper has been instructed in how to self-administer the prescribed medication.
4. The camper is authorized to possess and self-administer the prescribed medication by the parent/guardian.

This section of the form is only for campers who must keep epi-pens or other emergency medications on their person.

PERMISSION FOR SELF-ADMINISTRATION OF MEDICATION (IF NECESSARY)

Medical Condition

Drug Allergies

Medication

Dosage/Time/Interval

The Camper has been instructed on how to self-administer and is authorized as signed below to self administer the prescribed medication.

Physician Signature Physician Printed Name Date

Parent/Guardian accepts legal responsibility for the safe transport of the camper's medication to and from camp. The camp nurse may contact the camper's physician if there are questions regarding the use of this medication. It is the responsibility of the parent/guardian to maintain a supply of the medication for the camper.

Parent/Guardian Signature Parent/Guardian Printed Name Date



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Camper Name

RECORD OF HEALTH EXAM BY LICENSED MEDICAL PERSONNEL

To be filled out by Physician

DATE OF LAST EXAM :

In my opinion the above applicant is is not able to participate in an active camp Program.

BP Weight Height

The applicant is under the care of a physician for the following conditions

This page must be filled out by a Doctor.

We can take a different format of this form if all the information is included.

Medications Being Taken

Please list all prescription drugs taken routinely. Keep in original packaging/bottle that identifies the prescribing physician, name of medication, dosage, and frequency of administration

MED #1	Dosage	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>
MED #2	Dosage	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>
MED #3	Dosage	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please identify any medications taken during the school year only

Recommendations and Restrictions at Camp

Treatment to be continued at camp
Dietary Restrictions (including lactose intolerance)
Allergies
Any Limitations or restrictions of camp activities

Campers will not be admitted to camp without a health form signed by licensed medical personnel.

Address of Licensed Medical Personnel
Title Phone
Email Fax



Licensed Medical Personnel Signature Licensed Medical Personnel Printed Name Date



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AUTHORIZATION FOR NON-PRESCRIPTION DRUG ADMINISTRATION

To be filled out by Parent/Guardian and Physician

There may be times at camp when your child will ask for non-prescription medications to help relieve symptoms related to minor conditions such as poison ivy, headache, or upset stomach. A Registered Nurse (RN) at the Health Center can assess the camper's condition and dispense the appropriate medications. For campers who do not have ready access to an RN, we have staff who have received special instructions and training on the administration of selected non-prescription drugs and who are competent to do so or to assist the camper with self-administration. Campers in Pioneer Village or those away from camp on a trip are examples of those who may need the assistance of these trained staff members.

The state of Connecticut has set new regulations governing the terms and conditions under which these staff members may act. Specifically, the parent or guardian must indicate in writing which of the available non-prescription drugs may be used or given. In addition, the camper's physician must concur in writing with your decisions. The camp physician has approved the non-prescription drugs listed below for use at camp and we will have these in stock. Please indicate which drugs you do or do not want your child to have when needed. **YOUR PHYSICIAN MUST THEN DO THE SAME.**

Camper Name

Camper Name
 Address
 City State Zip

	PARENT/GUARDIAN		PHYSICIAN			PARENT/GUARDIAN		PHYSICIAN	
	MAY GIVE	MAY NOT GIVE	MAY GIVE	MAY NOT GIVE		MAY GIVE	MAY NOT GIVE	MAY GIVE	MAY NOT GIVE
Topical					Oral				
Calamine or Caladryl lotion, Hydrocortisone 1% Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benadryl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrogen Peroxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chloroseptic Spray or Lozenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kenalog Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ChlorTrimeton (Allergy, Decongestant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lidocaine Topical Ointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dimetapp (Decongestant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NIX Crème Rinse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kaopectate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal Saline Solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maalox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proxigel or Similar Canker Sore Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Milk of Magnesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silvadene Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mortin (Ibuprofen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tinactin or similar antifungal powder, spray or cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pepto-Bismol (Bismuth Subsalicylate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triple Antibiotic Ointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Robitussin DM (Cough Suppressant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eardrops					Sudafed (Pseudoephedrine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tinactin or similar antifungal powder, spray or cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tums (Calcium Carbonate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triple Antibiotic Ointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tylenol (Acetaminophen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We give permission for a Registered Nurse or Staff Member trained in accordance with the State of Connecticut Health Department regulations to administer medications as indicated above in accordance with the label directions and with attention to the relevant side effects also listed on the label of above medications.

_____ Physician Signature	_____ Physician Printed Name	_____ Date
_____ Parent/Guardian Signature	_____ Parent/Guardian Printed Name	_____ Date



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HOW TO UPLOAD YOUR CAMPER'S HEALTH FORM TO CAMPBRAIN

Step 1: Sign into your CampBrain Account (Use your phone to scan the QR code on the right to be taken to Campbrain)

Step 2: Once you've signed in click "View Details " Under "Incarnation Camp Summer 2023".

Step 3: This will take you to your main Registration page. If you scroll down a little you'll be able to find the upload slots. If your Health Form File is small enough you can upload the whole file onto the first slot.

Step 4: If you would like to take pictures of the form and upload each page from your phone you can use the additional slots to do so.



[CampBrain](#)

HEALTH CENTER INFORMATION

During your camper's time with us, they will always be offered the best in medical care to keep them safe and healthy at all times.

Due to the fast paced and 24 hour nature of the camp programming, sometimes things can happen quickly, or outside of normal 'business hours'

Our Health Center is stocked with the appropriate medication and supplies to help with common camp ailments

Our health center comes equipped with multiple rooms Incase a camper needs to stay overnight

Campers are free to come to the health center without being accompanied by a staff member during Freetimes.

The health center is where we store all medication on camp! Campers can take their medications at mealtimes and before bed.

HEALTH CENTER REPORTING INFORMATION

Parents will be notified via phone call from one of our medical staff for the following reasons

Record a fever of over 100 degrees

Have a tick removed from their person

If they spend the night in the health center at Camp

Anything that needs approval from parents (medication that was not signed off on in medical forms, etc.)

Anything requiring off-site treatment (Emergency Room, Urgent Care, or Wildwood Pediatrics)

Positive COVID Test or Confirmation of Illness that will vastly effect their time at camp

