



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

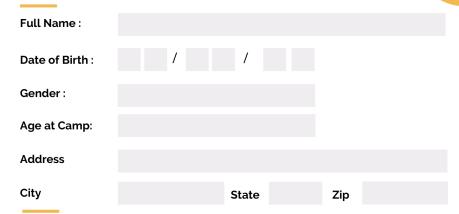
### **Incarnation Camp**

A: PO Box 577, Ivoryton, CT 06442

P: 860-767-0848 E: Healthcenter@incarnationcamp.org

F: 860-767-8432

#### **CAMPER INFORMATION**



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			
· ·	structed on how to self-administer a low to self administer the prescribed		
Physcian Signature	Physician Printed Name	Date	
camp nurse may contact the camp	sponsibility for the safe transport of the o per's physician If there are questions rega lian to maintain a supply of the medicatio	arding the use of this medication. It Is	•
Parent/Guardian Signature	Parent/Guardian Printed Name	Date	



only fill out this section If your camper has an Inhaler or epi-pen!





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

## RECORD OF HEALTH EXAM BY LICENSED MEDICAL PERSONNEL

Camper Name

To be filled out by Physician	n		
DATE OF LAST EXAM	:		
In my opinion the above	applicant is is not	able to participate in an active camp Program.	This page must be filled
ВР	Weight	Height	out by a Doctor.
The applicant is under t	he care of a physician for the	following conditions	We can take a different format of this form If all
			the Information Is Included.
Medications Being	Taken		
Please list all prescription d		nal packaging/bottle that Identifies the prescribing ninistration	
MED #1	Dosage	Reason	
MED #2	Dosage	Reason	
MED #3	Dosage	Reason	
Please Identify any medica	ations taken during the school yea	ronly	
Recommendations	and Restrictions at Car	пр	
Treatment to be continued	at camp		11,
Dietary Restrictions (in lactose Into			Million
A	llergies		
Any Limitations or restric camp a	ctions of ctivities		
	ted to camp without a health form	signed by licensed medical personnel.	
Address of Licensed Medical Personnel			

Phone

Fax

Licensed Medical Personnel

**Printed Name** 



Title

Email

Licensed Medical Personnel

**Signature** 

Date





Camper Name

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

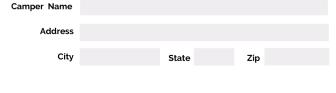
F: 860-767-8432

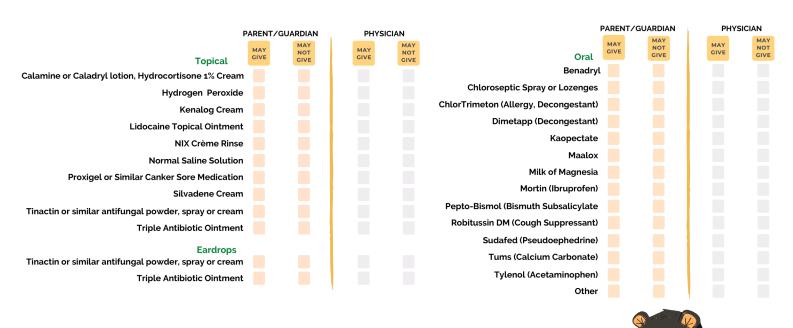
## AUTHORIZATION FOR NON-PRESCRIPTION DRUG ADMINISTRATION

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.





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 Parent/Guardian Signature Printed Name

Date







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

## 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 ailings

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

