

# FERRY BEACH PARK ASSOCIATION CAMPER MEDICAL FORM

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Glasses/Contacts?: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Another Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## INSURANCE

**IMPORTANT:** Please make a copy of BOTH SIDES of your child's insurance card and include it with this form. Your child will not be admitted to camp without this information.

## CAMPER MEDICAL INFORMATION

Please note that medical information you share is strictly confidential and shared ONLY with the Camp Coordinator, Camp Nurse, and FBPA Directors (when appropriate).

1. Medications: Please list every medication that will be sent with your child. Please check the expiration date before sending and keep medications in original dispensing containers. All medications must be given to the camp nurse upon arrival to insure proper administration and adherence to the schedule. Campers may not keep any medications in dormitory buildings, except when it is necessary to have immediate access to it, such as an inhaler. The nurse must be made aware of this type of arrangement. Also, please note if there is any discrepancy from the prescription label and information you are providing.

Medication (Names)	Medication (Doses)	Times to Dispense	Reason for taking Medication
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Date of last tetanus immunization: \_\_\_\_\_

*(Please fill out the reverse side of this form)*

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2. The camp nurse will dispense all medications. We can provide basic over-the-counter medicines (for headaches, upset stomach, sore throat, diarrhea, etc.) only with your permission. Do you give FBPA permission to administer over-the-counter medications (such as pain relievers, antacids, cough syrup, etc.) to your child on an as needed basis? If permission is not granted, the camp nurse may contact the parent/guardian for further instructions. \_\_\_No \_\_\_Yes

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

4. Does the camper have any current medical or emotional problems that we should be aware of? \_\_\_No \_\_\_Yes

If "Yes," is the camper in a treatment program? \_\_\_No \_\_\_Yes

Please share any information that would be helpful to the nurse or camp staff.

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5. Please list all allergies, types of reactions and severity of reactions (to food, medications, insect bites, etc.). Please do not leave this blank. If your child has no allergies, please write "NONE KNOWN."

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6. Is there any reason the camper should not engage in the full camp program?

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**TREATMENT PERMISSION**

In the event of a medical emergency, I(we) \_\_\_\_\_,  
*(name of parent/guardian)*

parent/guardian of \_\_\_\_\_, grant permission to Ferry Beach Park  
*(name of camper)*

Association or an ambulance to transport my child; and I(we) grant permission that any doctor, clinic, or hospital chosen by FBPA can perform emergency treatment as deemed necessary for my child.

Signed: \_\_\_\_\_  parent  guardian (please check one)

Date: \_\_\_\_\_