



**Camper Medical/ Medication Information (2 pages)** Camper Name \_\_\_\_\_ Date of  
Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Mother's cell phone  
\_\_\_\_\_ Dad's cell \_\_\_\_\_ Please circle one: Child lives with: Mother / Father / Both  
Weight \_\_\_\_\_ Height \_\_\_\_\_ Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ **Please provide a copy of insurance card. The  
family clinic will NOT accept a patient without it.**

**Please attach a copy of a complete and updated Immunization record.**

Will your child have any special needs while at camp? Please be specific.

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**Allergies** – No known allergies **yes** or **no** (please circle)

To Foods (list) \_\_\_\_\_ To Medications \_\_\_\_\_

To the environment (insects stings, hay fever, etc.-list) \_\_\_\_\_

Other allergies: (list) \_\_\_\_\_

Describe previous

reactions: \_\_\_\_\_

**In the event that I cannot be reached during an emergency, I give my consent for Durango Mountain Camp to secure proper medical treatment.**

**Signature of parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*\*\* These four questions and the following page MUST be completed by your Physician.\*\*\*\*\***

1. Does this child have a health condition, which may require emergency care while he/she is at camp (e.g. seizures, bleeding problems, diabetes, asthma, allergies)? **Yes No**

If yes, please explain: \_\_\_\_\_

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2. Does this Child need an Epi Pen for severe reaction/Benadryl for mild reaction? **Yes or No** .

**(Continue to page 2)**

**This portion to be completed by your Physician continued:**

**Name of Child continued:** \_\_\_\_\_

3. Except as previously noted, this child is otherwise in good physical and mental health and may participate fully in all activities. **Yes or No** (swimming, hiking, biking, climbing, horseback riding, kayaking)

4. Is this child on any medication? **Yes or No**, if yes, please list all medications

Medications must come with the signed Doctor's order below, in the original container, with the child's name and not expired. If there are multiple medications please supply a medical dispensing box and the original containers.

**Prescription Medications:**

1. **Medication** \_\_\_\_\_ Dosage \_\_\_\_\_

Time and circumstance of administration \_\_\_\_\_

Can a reaction be expected? : \_\_\_\_\_ If so, explain \_\_\_\_\_

2. **Medication** \_\_\_\_\_ Dosage \_\_\_\_\_

Time and circumstance of administration \_\_\_\_\_

Can a reaction be expected? : \_\_\_\_\_ If so, explain \_\_\_\_\_

3. **Medication** \_\_\_\_\_ Dosage \_\_\_\_\_

Time and circumstance of administration \_\_\_\_\_

Can a reaction be expected? : \_\_\_\_\_ If so, explain \_\_\_\_\_

The Following non-prescription medications are commonly stocked at camp and are used on an as needed basis to manage illness and injury (per age package dosing). **Physician please circle yes or no.**

Acetaminophen – yes or no

Pepto- Bismol 12 years and older- yes or no

Benadryl anti itch creme yes or no

Children's Pepto children under 12 years yes no

Ibuprofen (Advil, Morin) - yes or no

Hydrocortisone ointment- yes or no

Pseudoephedrine (Sudafed) - yes or no

Topical antibiotic ointment- yes or no

Diphenhydramine (Benadryl) -yes or no

Calamine lotion- yes or no

Generic cough drops- yes or no

Claritin -- yes or no

Physician name: \_\_\_\_\_ Signature of physician: \_\_\_\_\_

(Please print)

Parent name: \_\_\_\_\_ Signature of parent: \_\_\_\_\_