

- Camper
- Counselor
- Staff

HARTFORD COUNTY 4-H CAMP, Inc HEALTH EXAM/RECORD FORM

Physical Exams Are Valid For Three (3) Years From Date of Last Examination

Name: _____ Birthdate: _____ Gender: M F

Address _____ Phone (home) _____

Parent/Guardian Name: _____ Phone (mobile) _____

Emergency Contact Name: _____ Phone _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER

Assessment: _____ **Date of Exam:** _____

Y N Asthma: mild moderate severe exercise induced

Y N Diabetes

Y N Anaphylactic Reaction: food insect other: _____

Y N Seizure Disorder

Y N Allergies (specify): _____

Y N Special diet (specify): _____

Y N Taking prescription and/or OTC medications (specify): _____

Immunization Record

_____ see attached

	Dose 1	Dose 2	Dose 3	Dose 4
MMR				
DTP				
OPV				
Varicella				
PCV				
Hepatitis B				
Tetanus				

The individual has the following problems which may adversely affect his/her experience:

Vision Auditory Speech/language Physical dysfunction Emotional/Social/Behavior

This individual may participate fully in all camp activities

This individual may participate in camp activities with the following restrictions: _____

Medical information pertinent to routine care & emergencies: _____

Comments: _____

Printed name of medical provider
Medical provider's address, telephone

Signature of MD, PA, APRN, RN designee
Date Signed: _____

Camper Name:

Date of Arrival:

This section is to be completed by a parent/guardian

The infirmary at Hartford County 4-H Camp stocks the following over-the-counter medication and prescription medication*. They are administered by a registered nurse or certified medication administrator in accordance with the standing orders by our camp physician. It is not necessary to bring any of these medications to camp unless your child receives them routinely. **Draw a line through and initial any medications you DO NOT want your child to receive.**

Aurodri ear drops
Bacitracin / antibiotic ointment
Benadryl tablets / antihistamine
Benadryl elixir
Benadryl cream or spray
Calamine
Caladryl
Chlorasetic throat spray
Dimetapp
Eye wash
Epipen injection for SEVERE LIFE THREATENING allergic reactions*
Hydrocortisone cream
Ibuprofen (Advil or Motrin)
Imodium AD
Lotrimin AD
Maalox / Mylanta
Robitussin
Robitussin DM
Sudafed
Tinactin / antifungal cream
Tobrex eye drops
Tums / Calcium Carbonate
Tylenol

Medication Authorization:

I hereby give permission to the Hartford County 4-H Camp health care personnel to administer any of the above medication (or their generic equivalent) that I have not drawn a line through and initialed per the Standing Orders of the Camp Physician.

Signature of Parent/Guardian: _____ Date: _____
(Or participant if over 18)

Please EMAIL completed form to hc4hcampoffice@gmail.com

OR MAIL to Hartford County 4-H Camp, Inc., c/o Elsie Woolam, 1225 Main Street, South Windsor, CT 06074 before arrival.

This section is to be completed by a parent/guardian

During the camp season, the situation sometimes arises where a camper has to be taken to a hospital for emergency treatment, which requires parental consent. Please sign the following form. Your signature will also signify your approval for the camper to take part in camp hikes, trips, outings, etc.

“In case of an emergency, I hereby give permission to the physicians selected by the Camp Director to hospitalize, to secure treatment for, and to order injections, anesthesia, or surgery for my child named below.”

“I also give my permission to the physicians selected by the Camp Director to advise and treat my child for any illness or medical condition while she/he is at camp.”

Camper/Counselor name

Signature of Parent/Guardian

Hospital Preference: _____ Town: _____

Campers' Code of Conduct Agreement

I, the camper, have read the basic rules for participation at Hartford County 4-H Camp, Inc. outlined below, and agree to abide by these rules. As a camper at Hartford County 4-H Camp:

- ✓ I will be responsible for appropriate behavior at all times.
- ✓ I agree to follow camp policies, rules and regulations.
- ✓ I agree to be respectful and refrain from inappropriate language.
- ✓ I agree to resolve any conflicts in an appropriate manner, discussin conflicts with my counselor, staff member or camp director if necessary.
- ✓ I agree to dress appropriately, refraining from clothing which displays inappropriate language or symbols.
- ✓ I agree to have fun, make new friends, and experience new and exciting challenges that I will participate in through a "Learning By Doing" experience at 4-H Camp.

Camper Signature: _____ Date: _____

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