



Health Policy for Campers

Camper safety and well being is our number one priority. All Camp Staff are First Aid and CPR trained. Please provide accurate information about your camper's health so we can maintain our high safety standards while providing a fun and meaningful camp experience. **This form needs to be filled out for all campers.**

Medication: The Herring Gut Learning Center medication policy allows that individuals, enrolled in a Day Camp, may self-administer a prescription, including emergency medical devices, and over the counter medications during day camp hours. Individuals **MUST** be able to name and recognize their medication, and know the proper dosage and how to administer the medication. The first dose of any new medication must be taken 24 hours prior to attending any Herring Gut programs. All medications must be in the original pharmaceutical container, including asthma inhalers. Program staff will verify in writing the amount of medications they have accepted for an individual.

GENERAL INFORMATION

Camper's Full Name: _____

Session Attending: _____

MEDICATION INSURANCE

This camper is covered by family medical/hospital insurance Yes No

Insurance Company: _____ Phone: _____

Policy Number: _____ Subscriber: _____

MEDICAL CONDITIONS

This camper has medical conditions the staff should be aware of Yes No

If yes, please specify: _____

ALLERGIES

This camper has allergies Yes No

If yes, please specify (ex. Food, Medicine, Environment, Other): _____

DIET

This camper eats a regular diet

This camper eats a vegetarian diet

This camper eats a gluten-free diet

This camper eats a specialized diet

Please specify: _____

MEDICATION

Name of Medication (includes emergency medical devices): _____

Reason for medication(s): _____ Medication Dose: _____

Directions for medication(s): _____

Possible side effects of medication(s): _____

MEDICATION TAKEN AT HOME: Parent Signature: _____ Date: _____

MEDICATION TAKEN DURING PROGRAM HOURS

WAIVER TO CARRY EMERGENCY MEDICAL DEVICE

This section must be completed by a parent. All emergency medical devices (i.e. inhalers and EpiPens) to be carried on the individual's person while attending camp.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I _____ hereby request that _____ be allowed to keep the appropriate prescribed device on his/her person while participating in all Herring Gut activities.

The prescribed device: EpiPen Asthma Inhaler

Other: _____

OTHER INFORMATION

Are there any health concerns staff should be aware of?

No Yes Please Explain: _____

Are there any physical, psychiatric, behavioral, emotional, or developmental concerns staff should be aware of?

No Yes Please Explain: _____

RELEASE AUTHORIZATION

I hereby represent and warrant that the information pertaining to the individual listed above is correct. I am authorized to provide the waiver, medical information, and release authorization contained herein and agree to the Herring Gut Learning Center policies as stated above.

I understand that the information provided will be shared only on a need-to-know basis with camp staff. Herring Gut Learning Center has my permission to authorize emergency medical treatment.

I agree to release the Herring Gut Learning Center and its agents from any and all liability arising as a result of this waiver.

Printed Name (Parent/Guardian)

Signature (Parent/Guardian)

Date

Herring Gut Learning Center does not discriminate on the basis of race, ethnicity, gender, sexual orientation, disability, nationality, political affiliation, age, or religious beliefs in the administration of its education programs.