



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

**IMMUNIZATION RECORD-** New York State Dept. of Health requires the following information, with exact dates, to be completed prior to admittance to camp. If your child has NOT been immunized please fill out the waiver below.

Shot	Date Given
DTP Series completed on	
Polio (IPV or OPV) Series completed on	
TD (Diphtheria/Tetanus) <u>Must</u> have had Booster within 10 years	
Measles Vaccine*	
Mumps Vaccine*	
Rubella Vaccine* *OR Combined as MMR	
Other	

**NO CHILDHOOD IMMUNIZATIONS**

I have not immunized my child due to my specific religious beliefs. Therefore, I am signing this waiver taking full responsibility for all medical matters regarding my child that may result from not having the specified shots. Furthermore, I do NOT hold Houghton College responsible and/or liable for any health care needs that may arise due to the absence of specified immunizations during his/her stay at Houghton College.

Camper Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

**MEDICAL RECORD**

Are There Any Abnormalities In The Following Areas?

Ears, Nose or Throat	No	Yes
Respiratory	No	Yes
Cardiovascular	No	Yes
Hernia	No	Yes
Gastrointestinal	No	Yes
Skin	No	Yes

Metabolic/Endocrine	No	Yes
Allergies	No	Yes
Neuro-Psychiatric	No	Yes
Eyes (glasses)	No	Yes
Genito-Urinary	No	Yes
Musculo-Skeletal	No	Yes

1. Have you suffered any major illness, injury, or disability in the past? Explain. \_\_\_\_\_
2. Do you have a history of anxiety or other tension states, eating disorders or emotional instability? \_\_\_\_\_
3. Are you *currently* under treatment for any illness, injury or emotional disturbance? Specify: \_\_\_\_\_
4. Do you have any known DRUG, INSECT, FOOD, or ENVIRONMENTAL allergies? Please Specify: \_\_\_\_\_

Camper's Health Care Provider Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

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

## MEDICATION ADMINISTRATION FORM

If your child is on a prescription medication or you expect that your child might need non-prescription ("over the counter") medications, you will need to have your child's physician fill out the medication administration form and have your child bring it to camp. **Medications must be in the original container** and labeled with the patient's full name, the date the prescription was filled, expiration date, directions for use, precautions (if any), storage requirements (if any), dispensing pharmacy (name and address), and name of physician prescribing medication.

Camp nurses are only permitted to dispense medications to the child that is listed on this form by the child's doctor. Designated staff trained by the Health Director may supervise the self-administration of medication. **A physician's signature must accompany each medication. All medications (prescriptions and over the counter) must be turned into the camp health director at time of check-in.**

### Physician's Written Orders for Prescription Medications

Physician's Initials

Do you carry an Epi-Pen?      Yes      No      \_\_\_\_\_  
 Do you carry an Inhaler?      Yes      No      \_\_\_\_\_

Drug Name	Route	Dosage	Schedule				Comments/ Indications	Physician's Initials
			AM	N	PM	HS		

### Physician's Written Orders for Non-Prescription Medications

Over the counter medications- including allergy medications/vitamins/supplements

Drug Name						Comments/ Indications	Physician's Initials	
<b>Supplied by the Camp</b>								
Tylenol	I give permission for the following OTC medications to be given to the above-named student as needed as per routine dosage for his/her age/weight.  Please initial to the right for each approved medication.							
Advil								
Benadryl								
Antibiotic Ointment								
Hydrocortisone Cream 1%								
Tums/Antacid								
Cough Drops								
<b>Supplied by the Student</b>								
Must be in the original container and have the camper's name clearly on the container								
Drug Name	Route	Dosage	Schedule				Comments/ Indications	Physician's Initials
			AM	N	PM	HS		

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Office Stamp:

Your child cannot by NY State law receive ANY medications unless it has been authorized by a physician

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

**WAIVERS - Please read and complete these waivers prior to camp registration**

PERMISSION TO TREAT

I give my permission for the directors of the Houghton College Summer Youth Camps to provide medical treatment for my child. If I cannot be reached, in the case of an emergency, I hereby grant permission to the physician selected by the directors to hospitalize, secure proper treatment for, and to order injection, anesthesia, surgery or other treatment as deemed appropriate by the physician for the above mentioned camper. I have consulted with our physician to ensure that the person described here is fit to participate in physically intense activity. They have permission to engage in all program activities, except as noted.

Camper Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

PERMISSION TO PARTICIPATE

In consideration of being allowed to attend camp, participate in the activities and programs of Houghton College and to use its facilities and equipment, I do hereby waive, release and forever discharge Houghton College, its officers, agents, employees, representatives, executors, and all others acting on their behalf from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment on the Houghton College campus.

It is the desire of Houghton College to provide an atmosphere that is both safe for the campers and secure for their personal belongings. Houghton College assumes no responsibility for loss or theft or any personal items. Houghton College provides keys to all dorm rooms for a \$30.00 refundable deposit. Campers are responsible for making sure that their rooms are locked at all times. Campers are not allowed in anyone else's room unless that person is present in the room. We reserve the right to inspect or search any room or its contents at our discretion without the permission of its occupants.

I also grant permission for photographs of my child to be used in the promotion of Houghton College, unless otherwise noted.

Camper Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

TRAVEL PERMISSION

In certain situations, it may be necessary for the Houghton College Summer Youth Camps to transport your child to alternate sites. Although your child will be transported in certified vans or busses by qualified and experienced drivers, travel in motor vehicles on public roads always poses the possibility of risk. By signing this slip you are acknowledging that risk and granting permission to Houghton College Camp Directors to transport your child to one of these alternate locations.

Camper Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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