

Hog Island Audubon Camp Healthcare Recommendations by Licensed Medical Personnel Required for Participants under 18 years old

Please print all information

Camper Name: _____				
	First	Middle	Last	
DOB: _____	Age on arrival at camp: _____		<input type="checkbox"/> M	<input type="checkbox"/> F

Medical Personnel: Please review the *Camper Health History Form* completed by parent/guardian. Please complete all sections of this form. Attach additional information as necessary.

Physical exam done today: <input type="checkbox"/> Yes <input type="checkbox"/> NO		If "No", date of last physical: ____/____/____	
		M	D
		Y	
Weight _____ lbs.	Height _____ ft _____ in	Blood Pressure _____ / _____	

<p>Allergies <input type="checkbox"/></p> <p>Please list all allergies to prescription and non-prescription medications, food, bites, stings, shellfish, iodine, plants & animals, other:</p> <p>Please describe previous reaction and how it is managed:</p> <p>Does child carry/use an Epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="color: red;"><input type="checkbox"/> This camper may carry & self-administer Epi-Pen. Please complete attached form, "Approval for Self-Administered Medication".</p>	<p>No Known Allergies <input type="checkbox"/></p>
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Diet/Nutrition				
<input type="checkbox"/> Regular diet	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Vegan	<input type="checkbox"/> Lactose Intolerant
<input type="checkbox"/> Medically prescribed meal plan or dietary restriction				

Camper is undergoing treatment at this time for the following conditions: Please describe	<input type="checkbox"/> None

Other treatments/therapies to be continued at camp: Please describe

Do you feel the camper will require limitations or restrictions to activity while at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe

Camper Name: _____

Medication: ☐ No daily medications ☐ Will take the following medication(s) while at camp: (name, dose, frequency)

☐ **This camper may carry & self-administer inhaler. Please complete attached form, "Approval for Self-Administered Medication".**

Non-Prescription Medications

The following non-prescription medications are available and are used on an **as needed basis** to manage illness & injury.
Cross out the non-prescription medications that should not be given to the camper.

Acetaminophen (Tylenol)	Aloe
Antacids (Tums, Rolaids)	Antibiotic cream Topical
Antihistamine/allergy medicine (Benadryl)	
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)	Chlorpheniramine maleate
Calamine Lotion	Generic cough drops
Dextromethorphan cough syrup (Robitussin DM)	Hydrocortisone 1% cream
Guaifenesin cough syrup (Robitussin)	Laxative for constipation (Ex-Lax)
Ibuprofen (Advil, Motrin)	Phenylephrine decongestant (Sudafed PE)
Lice shampoo or cream (Nix or Elimite)	
Sore throat spray	

I Have reviewed the Camper Health History Forms and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above).

Name of licensed provider (please print): _____

Signature: _____

Title: _____

Office Address: _____
Street City State Zip Code

Telephone: _____

Date: _____

► Please return by May 1st ◀

By Mail (must have original signed documents):

Hog Island Program Manager, National Audubon Society, 159 Sapsucker Woods Rd. Ithaca, NY 14850

If form will arrive after May 5th, please mail to:

Program Manager, Hog Island Audubon Camp, 12 Audubon Road, Bremen, ME 04551

Audubon Camp Hog Island Bremen, Maine

Approval for Camper to Carry and Self-Administer Emergency Medication including, but Not Limited to, an Asthma inhaler, or Epinephrine Pen.

This form is to be completed *only* if camper is 17 years or younger.

Primary Health Care Provider Form

As the primary health care provider for: _____, I acknowledge

Print Camper's Name

that _____ is permitted to have readily available (carry or

Print Camper's Name

possess outside of the regular supervision of the camp's health staff) and **self-administer** as medically necessary, during his/her time at Audubon Camp Hog Island. Circle all that apply or list other emergency medication or device:

Asthma Inhaler (list brand here): _____

Epinephrine Pen (Epi-Pen): _____

Other: (Please list)

- | | | |
|----|---------------------------|----------------|
| 1. | _____ | _____ |
| | Name of medication/device | Reason for use |
| 2. | _____ | _____ |
| | Name of medication/device | Reason for use |
| 3. | _____ | _____ |
| | Name of medication/device | Reason for use |

All medications sent to camp **MUST** be in **original containers** bearing the pharmacy label, with the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the camper's name, name of prescribing practitioner, name of the medication, dosage, directions for use and cautionary statements if any contained in such prescription or as required by law, and if tablets or capsules.

Audubon Camp Hog Island Self-Administered Emergency Medication Policy

The purpose of this policy is to comply with Maine law* requiring a youth camp to have a written policy authorizing campers to self-administer emergency medication, including, but not limited to, an asthma inhaler or an epinephrine pen. It is the policy of the Audubon Camp Hog Island that:

- A. A camper who self-administers emergency medication must have the prior written approval of the camper's primary health care provider and the camper's parent/guardian;
- B. The camper's parent/guardian must submit written verification to the camp from the camper's primary health care provider confirming that the camper has the knowledge and the skills to safely self-administer the emergency medication in camp;
- C. The youth camp health staff must evaluate the camper's technique to ensure proper and effective use of the emergency medication in camp; and
- D. The emergency medication must be readily available to the camper (i.e., to be carried or possessed outside of the regular supervision of camp health staff).

*Title 22, Subtitle 2, Part 5, Chapter 562, Section 2496.

I have read the Audubon Camp Hog Island's policy and confirm that the camper has the knowledge and the skills to have readily available and safely self-administer the indicated emergency medication in camp.

Name of licensed provider (please print): _____

Signature: _____ Date: _____