

Adventure Camp Health Forms 2022 Checklist

The checklist is provided as an informational guide to help you navigate the paperwork required for your child to attend camp.

Camper Health and Consent Form (2 pages)

- This form is to be completed by a Parent or Guardian.
- **Please note there are six signature lines throughout the document each pertaining to specific information. Please read each section carefully.**
- The Waiver section must have a signature for your child to attend camp.
- All campers, including returning campers must fill out this year's form.
- Please be as specific as possible so we may safely care for your child. Contact us for information on specific food allergies and how we are able to accommodate them at camp.
- **Permission to administer over-the-counter medications through the Health Center:** Only medication checked off will be administered at camp. A parent or guardian signature is required.
- **Non-prescription medication to camp:** If your child is taking an over-the-counter medication from home, this section must be completed and signed. All medication must be given to the Health Center Staff during check in. Children may not carry any non-perception medication of any kind, and medications must arrive at camp in their original container with administration directions intact. Loose pills or daily pill dispensers will not be accepted.

Physician Health Form (1 page)

- This form must be signed and dated by your physician or licensed healthcare provider and include an immunization record.
- The date of completion must be within two years of attendance. If you have a copy of a physical exam on a separate form, it will be accepted as long as it's dated within the two year time frame.
- **Physician Orders for Prescription Medication** If your child is bringing prescription medication to camp, this section must be completed and signed by the physician. The medication must be in the original container with the child's name and clear direction for administration. Loose pills or filled daily pill dispensers will not be accepted. Please note: Without written orders from a physician and medications in properly labeled original container, we **will not** be able to administer medication at camp.

Asthma Inhaler and Anaphylaxis Action Plan Form (3 page)

- These forms should be completed and returned only if your child has a prescription for either a self-administered asthma inhaler or an EPI – Pen.

Parent and Camper Information Letter (2 pages)

- A parent /guardian must complete the first page of this form. The camper completes the second page. Both parent and camper must sign the Camper Commitment section on the second page.

Frequently Asked Questions

Q: My Child takes a daily medication for ADHD. Is it ok to send them to camp without meds?

A: Sargent Center strongly supports the American Academy of Pediatrics position that camp is not an appropriate time for a “drug holiday” from mental health or ADHD medications. The challenges of a new environment, a changing schedule, and the need for focus during the camp day are reason why a medication change at camp is not timely.

Q: My Child cannot swallow pills and takes medication in applesauce. Is applesauce available at camp?

A: No. If your child requires a particular food or drink for taking medication, please check it in with the nurse when delivering medications.

Q: My child needs frequent snacks. Can they be stored in the cabin?

A: No Any foods needed as supplement to the regular menu must be stored in the camp kitchen or with the nurse.

SUPPLEMENTAL INSURANCE

SUPPLEMENTAL INSURANCE: Any person participating in Sargent Center programs is covered by the Sargent Center Accident Policy This SUPPLEMENTAL POLICY covers only accidental injury occurring in the course of attendance at the center. The policy provides EXCESS coverage in the form of blanket accident medical reimbursement with a deductible of \$250 and/or any other valid and collectible insurance coverage. The amount of the EXCESS medical reimbursement coverage is \$25,000. Also included is a \$10,000 accidental death benefit; a \$1,000 dental benefit and \$35,000 Paralysis and Coma benefit-all of the aforementioned are EXCESS overages.

Please contact us with any questions. We look forward to seeing your child this summer! Adventure Camp (603) 525-3311

**NATURE'S CLASSROOM AT SARGENT CENTER
CAMPER HEALTH AND CONSENT FORM**

(Page 1 and 2 to be completed by Parent/Guardian)

Name _____ Date of Birth _____ Gender ___ Age ___ Ht. ___ Wt. ___

Custodial Parent's/Guardian's Name(s) _____

Mailing Address _____ City _____ State _____ Zip _____

E-mail address _____

1st Parent Name _____ 2nd Parent Name _____

Home Phone (____) _____ Home Phone (____) _____

Bus. Phone (____) _____ Bus. Phone (____) _____

Cell Phone (____) _____ Cell Phone (____) _____

Emergency Contact (other than parent) _____ Relationship to Child _____

Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

Child's Doctor _____ Phone (____) _____

Child's Dentist _____ Phone (____) _____

Child's Orthodontist _____ Phone (____) _____

Health Insurance Co. _____ Policy # _____

Subscriber Number _____ Subscriber Date of Birth _____

1. MEDICAL CONSENT:

I consent to and authorize emergency and non-emergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child's attendance at camp. I give my consent and authorization to the camp director or his/her designee to use his/her judgment in seeking medical care for my child. I understand that an attempt will be made to contact me in the event that medical care is needed, and that I am responsible for all medical costs incurred in treating my child.

Signature of parent/guardian **Date**

Optional: If you wish for religious or other reasons, you may indicate your refusal to consent to certain medical care (i.e., blood transfusions), as follows: Notwithstanding the above, I do not consent to the following diagnostic tests or medical treatment for my child: Specify

Signature of parent/guardian **Date**

PROMOTIONAL RELEASE

I authorize Nature's Classroom to reasonable use of any and all images and statements of/by/about the camper during any part of the Sargent Center experience for promotional purposes.

Signature of parent/guardian **Date**

2. WAIVER AND RELEASE

I wish to enroll my child in the Program/Activity referred to above at Sargent Center, Hancock, New Hampshire. I recognize that some of the activities at Sargent Center involve physical risk, including the risk of serious injury. I hereby agree, on behalf of my child and myself, to assume all of the risks in connection with my child's attendance, including travel, except in case of gross negligence or willful misconduct. I understand that if, by using his or her best judgment the Adventure Camp director, administrative staff, and/or nursing staff determine that it is negatively impacting my child's physical or emotional safety, or the physical or emotional safety of other campers, for my child to remain in camp and/or on a camp sponsored trip, I will be responsible for picking up my child from camp and/or camp sponsored trip. The term Nature's Classroom shall include the corporation and its successors, trustees, officers, agents, representatives, contractors and all persons for whose conduct Nature's Classroom is or could be legally responsible. I agree that the laws of the Commonwealth of Massachusetts shall govern this waiver and release. I affirm that I have read and understood this document.

Signature of parent/guardian **Date**

3. IMPORTANT HEALTH INFORMATION: (To be completed by parent or guardian). To make your child's stay at Sargent Center as safe and pleasant as possible, please complete in full.

Allergies: <input type="checkbox"/> No known Allergies <input type="checkbox"/> To food (list and describe reaction): <input type="checkbox"/> To medications (list and describe reaction) <input type="checkbox"/> To the environment i.e. insects stings, hay fever (list and describe reaction) <input type="checkbox"/> Other allergies (list and describe reaction)	Medical Conditions (Asthma, ADHD, Seizures, Diabetes, etc.) List all: Factors limiting physical activity: Mental Health Conditions List all : Dietary Needs (including vegetarian and lactose intolerant) List all: Does your child wet the bed? Yes_____ No_____ Does your child sleepwalk? Yes_____ No_____ Is your child prone to homesickness? Yes_____ No_____
Is there any other information you would like Sargent Center staff to know?	

4. PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS THROUGH HEALTH CENTER.

The following medications available at Sargent Center for occasional use as needed. Please check approved medications.

For headache/minor pain:

- Tylenol (acetaminophen)
- Advil (ibuprofen)

For cold/allergy symptoms:

- Sudafed
- Benadryl (diphenhydramine)
- Claritin (loratadine)
- Robitussin cough syrup
- Throat Lozenges

For stomach/bowel upset

- Tums
- Maalox
- Pepto Bismol
- Milk of Magnesia

For Poison Ivy:

- Zanafel
- Buji Wash
- Calamine or Calagel Lotion

Other topical products:

- Insect Repellent
- Sunscreen
- Hydrocortisone Ointment
- Benadryl Anti-itch Gel
- Aloe Vera

Does your child swallow pills?

I authorize the camp nurse or designee to assess the need for and appropriately administer the above checked medications.

Parent/Guardian Signature _____ Date _____

5. MEDICATIONS: This camper will not take daily medication while attending camp.

“Medication” is any substance a person takes to maintain and/or improve their health. This included vitamins and natural remedies. Please review camp instructions about required packaging/container. Provide enough of each medication to last the entire time the camper will be at camp.

Name of Medication	Date Started	Reason for taking it	When it is given	Amt./dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		

(Please attach a separate form with additional medications as needed)

The above information and directions for administration of all medications is complete and correct. I authorize the camp nurse or his/her designee to use his/her discretion in giving the above medications as indicated.

Parent/Guardian Signature _____ Date _____

NATURE'S CLASSROOM AT SARGENT CENTER PHYSICIAN HEALTH FORM

Sargent Center requires any child attending camp to have had a physical examination within **two** years of attending camp. Physician's orders for prescription drugs to be taken at camp must be written within the current year.

Name of Child _____ was examined on the following date _____ .

Any existing medical condition (chronic or recurring illnesses?) _____

Health History (Please check all that apply)

Allergies: <input type="checkbox"/> No known Allergies <input type="checkbox"/> To food (list and describe reaction): <input type="checkbox"/> To medications (list and describe reaction) <input type="checkbox"/> To the environment i.e. insects stings, hay fever (list and describe reaction) <input type="checkbox"/> Other allergies (list and describe reaction)	Asthma (Type) Is it well controlled? ADD or ADHD Is it well controlled? Mood or Mental Health Disorder Is it well controlled? Diabetes (age of onset) Is it well controlled?
Heart Condition (Please specify) Any limitations?	Seizure Disorder (Type) Is it well controlled?

Are there any factors which would preclude this child from participating fully, including a high ropes course, in the Sargent Center program? () Yes () No Specify activities to be limited: _____

Date of most recent exam _____ Last Tetanus Toxoid Immunization _____

Note: A record of current immunizations or a properly signed and notarized waiver must accompany this form.

Physician's Signature _____ **MD Phone** (____) _____
Print/Stamp Name

PHYSICIAN ORDERS FOR PRESCRIPTION MEDICATION

(Must be completed and signed by physician in order for Nature's Classroom at Sargent Center to give medications)

Medications must be in original container. The directions on the container must match the physician's written orders. A written order signed by the physician must be received to authorize any change in directions.

Is this child on any prescription medications? () Yes () No

Name of Medication	Date Started	Reason for taking it	When it is given	Amt./dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		

Physician's Signature _____ **MD Phone** (____) _____

Camper's Name: _____
Last **First**

PARENT/GUARDIAN INFORMATION LETTER

We are really looking forward to working with all of the campers that attend Adventure Camp this year. **In order to help us meet your child's goals and needs, please complete and return this questionnaire with your Health Form and balance due by May 15th.** Use another sheet of paper if necessary. PLEASE DO NOT have your camper complete this side - we need information from you as the parent/guardian. The other side of this form is designed for each camper to share pertinent information with us. **There is also a "Camper's Commitment" for you and your camper to sign on the reverse side of this form.**

This is our camper's _____ summer at Adventure Camp.

Is your camper excited about coming to camp? _____ If not, why? _____

Has your camper attended a School Program at Sargent Center? _____

How does your camper get along with: (check mark appropriate box)

	Excellent	Good	Fair	Poor
Brother(s):				
Sister(s):				
Teachers:				
Friends/Peers:				

Has your camper been away from home overnight? In the out-of-doors? For how long at one time? _____

What fears might your camper have (i.e. night, homesickness)? _____

Describe any special emotional, learning or physical needs of your camper _____

Is your camper competitive? _____

What have you found to be the most effective form of behavior management? _____

What do you hope your child will gain from their stay at camp? _____

If your child is registered in a trip program (canoeing, backpacking, rock climbing, biking) please briefly list experience that they have had in this area. _____

Is there anything else we should know about your camper? _____

Please read and sign the "Camper Commitment" on the reverse side. Thank you!

CAMPER'S INFORMATION LETTER

Please answer the following questions so we will know a little bit about you!

What would you like other campers and staff to call you? _____

What three things do you want most to accomplish or do at camp?

1. _____

2. _____

3. _____

Are there any things that concern you about coming to camp?

What are your hobbies, interests and talents?

While you won't meet your counselor until you get to camp, if you had a question to ask them now, what would that be?

Because we would like to know you better, is there anything else you'd like to share?

Our goal for every camper is to have an excellent experience at Adventure Camp. Each person in our community plays a part in creating this success, therefore we ask you to read and sign this "Camper Commitment", understanding that your signature means you agree to the Camper Commitment.

CAMPER COMMITMENT

I want to be a camper at Nature's Classroom at Sargent Center's Adventure Camp. I agree to abide by camp rules including being respectful and friendly to other campers and staff. I agree to do my best to make this a good experience for myself and for other people by using positive language and actions. If problems arise, I will work to solve them by talking with the other person or people and my counselors. I understand that bullying, swearing, and excluding other campers from the group is inappropriate behavior at camp. I understand that I will be held responsible for my actions and failure to live up to this commitment may result in my dismissal from camp. Additionally, negative behavior may affect my opportunity to return to camp next summer.

Camper Signature: _____

Parent/Guardian Signature: _____

Thanks for taking time to fill this out! See you this summer!