



2024 St. Christopher Summer Camp Physician's Release & Parental Consent

Completed forms need to be uploaded directly to the camper account.

Submission deadline is May 13, 2024 by 8:00 am (late fees will be applied if submissions are late).

Camper Last Name	Camper First Name			Camper Middle Initial
Date of Birth	Age	Male	Female	Summer Camp Session attending

Section 1: Medications & Treatment Questions

Will the camper listed above be taking any medications while at camp? Yes _____ No _____
If yes, medicine must be brought to camp in its original packaging.

Does this camper regularly take any medications that will not be taken at camp? Yes _____ No _____
 Explain what medications your child takes regularly and why they are taken.

Will this camper require any treatments while at camp? Yes _____ No _____
 Please explain what treatment(s) must be given to your child, including the frequency.

Section 2: List Medications

List prescription medications and/or other over the counter medications (including allergy medicine and melatonin) to be administered while at camp.

Name of Medication & Function	Strength/Dosage/How Many	Schedule/Time of Day (Circle Choices)
1.		Breakfast, Lunch, Dinner, Before Bed, As Needed
2.		Breakfast, Lunch, Dinner, Before Bed, As Needed
3.		Breakfast, Lunch, Dinner, Before Bed, As Needed
4.		Breakfast, Lunch, Dinner, Before Bed, As Needed
5.		Breakfast, Lunch, Dinner, Before Bed, As Needed
6.		Breakfast, Lunch, Dinner, Before Bed, As Needed
7.		Breakfast, Lunch, Dinner, Before Bed, As Needed
8.		Breakfast, Lunch, Dinner, Before Bed, As Needed
9.		Breakfast, Lunch, Dinner, Before Bed, As Needed
10.		Breakfast, Lunch, Dinner, Before Bed, As Needed

Please note that the required Online medical history form will include space to elaborate on any allergy and dietary needs, but make sure that all required medications are listed above.

Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to your camper? Yes _____ No _____

If this camper receives care or takes medications for emotional, learning and/or psychological concerns, please provide any additional information on the additional page of this form. We want to support your camper to the best of our ability.

May the following over-the-counter medications be given to your camper while at camp if needed?

Acetaminophen (active ingredient in Tylenol)	per label instructions	Yes _____	No _____
Antacids (Calcium carbonate)	per label instructions	Yes _____	No _____
Antibiotic Cream	per label instructions	Yes _____	No _____
Antihistamines (Benadryl, Diphenhydramine HCl)	per label instructions	Yes _____	No _____
Aspirin (ASA)	per label instructions	Yes _____	No _____
Calamine Lotion	per label instructions	Yes _____	No _____
Cortaid Cream (Hydrocortisone)	per label instructions	Yes _____	No _____
Dimetapp (Cold & Cough Medicine)	per label instructions	Yes _____	No _____
Ibuprofen (Advil)	per label instructions	Yes _____	No _____
Insect Repellent	per label instructions	Yes _____	No _____
Pepto-Bismol	per label instructions	Yes _____	No _____
Robitussin	per label instructions	Yes _____	No _____
Robitussin DM	per label instructions	Yes _____	No _____
Sting Swabs	per label instructions	Yes _____	No _____
Sunburn Spray (Solarcaine)	per label instructions	Yes _____	No _____
Sunscreen	per label instructions	Yes _____	No _____

Additional Space if Needed:

Section 3: Immunization Records

Please use the chart below to verify vaccination records.

We use the suggested vaccinations that the South Carolina Department of Health and Environmental Control (DHEC) provides for the South Carolina Immunization Requirements for Childcare and School to protect all young people from diseases.

Vaccination Name	Date of Vaccination	If no date is <u>provided</u> please use this space to elaborate on the type of exemption.
TB		
Chicken Pox (Varicella)		
DTaP (Diphtheria, Tetanus and Acellular Pertussis)		
Hib (Haemophilus Influenza B)		
Hep A (Hepatitis A)		
Hep B (Hepatitis B)		
HPV		
IPV/OPV (Polio)		
MMR (Measles, Mumps, and Rubella)		
PCV (Pneumococcal Conjugate Vaccine))		
Meningococcal Meningitis (MCV4)		

Has this camper ever had or needed a TB Mantoux Test?

Yes _____ No _____

If **yes**, please provide the testing date and test results in this space.

Medication Administration Policies

- **ALL** medications, prescription & over-the-counter, require a physician's authorization.
- Prescription and over-the-counter medications **must be in the original containers with pharmacy label attached.** Only send the number of tablets your child will need. Please do not send full bottles.
- Over-the-counter medications including allergy medicine and melatonin **must be in original container and labeled with child's name.**
- Each medication container must include only the medication indicated on the label.
- The first dose of a medication that a child has not taken before should be given at home so the child can be monitored closely for hypersensitivity and side effects.

Medications not in original containers or packaging **WILL NOT be given.**

Medications will only be administered according to the directions on the label.

For camp sessions with morning closing ceremonies, campers **WILL NOT receive their morning medications.**

Health and Wellness Policy

The health and safety of our campers and staff are of the utmost importance to us. Our resident summer camp nurse has the special responsibility of providing medical care and attention. Our nurse treats all campers, dispenses all required medications and is available to deal with illnesses and emergencies during the entirety of the session. All campers are required to visit the nurse's table at check-in.

We currently do not have any masking mandates or COVID-19 vaccination requirements, although the original vaccination and booster shots are recommended. In an effort to maintain a healthy camp environment, we encourage campers to take a COVID home test prior to check in on opening day. As a diocesan institution, we will follow and uphold any policies set forth by the Episcopal Diocese South Carolina. Any changes to our policies will be communicated via email promptly.

Signing this form confirms that you have entered in accurate medical information about your camper, that you understand our policies listed here and on our website, and that you agree to be bound by it.

Parent/Guardian Signature: _____ **Date:** _____

Physician's Signature

Medications listed _____
_____ summer camp activities except those listed here:

Physician's : fgh/`@ghBUa Y Printed Name

Physician's Phone Number

Physician's Signature

Date of Signature

Additional Page:

A signature is required if anything additional information is added to this page. This page does not need to be uploaded to the camper account if it is blank.

Parent/Guardian Signature: _____ Date: _____
