

Crazy's Wasewagan Camp & Retreat

Application & Health History

Child's Name _____ DOB _____ Sex: M F Age _____
Address _____ Home Phone _____
City _____ CA _____ Zip _____ Cell Phone _____
Parent Name _____ Emergency Phone _____

Medical Information: The following information must be filled out completely. If not applicable, please state so.

Physician _____ Phone _____

Allergies/Medications: _____

Request: Lower Bunk or Other _____

Current Limitations, Injuries or Illness _____

PRESCRIPTION MEDICATION: Yes / No Please list each medication individually. Include: a) the dosage, b) frequency, and c) what medication is for. It is your responsibility to pickup all unused medication upon child's departure. Unclaimed medication will be disposed of two weeks after end of session

PLEASE PRINT CLEARLY!

Med: _____ Med: _____ Med: _____

RX#: _____ RX#: _____ RX#: _____

Dose: _____ Dose: _____ Dose: _____

Freq: _____ Freq: _____ Freq: _____

Comment: _____ Comment: _____ Comment: _____

CHECK THE FOLLOWING OVER-THE-COUNTER MEDICATIONS YOUR CHILD MAY BE ADMINISTERED

TYLENOL _____ ADVIL _____ SUDAFED _____ PEPTO-BISMOL _____ BENADRYL _____ ANTISEPTICS _____

IMPORTANT PLEASE READ CAREFULLY: All medications will be dispensed from the camp infirmary. NO medications of any kind will be allowed in a camper's living quarters, unless requested by parent or guardian.

I prefer that my child's medication remain in the cabin under the supervision of the counselor... Yes _____ No _____

I request that Camp Wasewagan see that my child is provided with medication as I have indicated above under the following conditions:

- 1) Camp Wasewagan will reasonably endeavor to carry out my request but does not and cannot insure or guarantee that it can or will.
- 2) Camp Wasewagan is relying on my judgment in permitting my child to attend Camp wasewagan in view of the health problem which necessitates this medication. However, Camp Wasewagan reserves the right not to accept my child because of this health problem pursuant to section DN212.1 of CA Administrative Code.
- 3) I represent to that this is a valid prescription issued for my child.
- 4) I agree to hold Camp Wasewagan, its directors, officers, agents and employees harmless from any loss, cost or expense arising in any manner from my request.
- 5) I understand that I must complete a new request each time that I am asked to do so.
- 6) I understand that ALL medication regardless whether or it is prescription or over the counter, MUST be turned into the camp infirmary and will only be dispensed by my written authorization.

I have completely read and fully understand the information on this form. I thereby release Camp Wasewagan and staff members to dispense medication, as instructed by me, at their discretion.

Parent or Guardian Signature _____ **Date** _____

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/or my child, and in the event I can no the reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. This form may be photo copied for use out of camp.

This application has my approval. In case of sickness or accident Camp Wasewagan has my authorization to secure, at my expense, such medical attention as is deemed necessary. I agree to release Camp Wasewagan and its people from any and all liability, including clothing and personal items.

Parents will be notified when child is given care by outside provider.

Parent or Guardian Signature _____ **Date** _____