

INHALERS AND EPI-PENS:

Has the camper been trained in the proper use of the inhaler or epi-pen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

*Camp Turk is **NOT** responsible for Inhalers or Epi-Pens lost while in the camper's possession.

Standard Over the Counter/PRN medications:

Acetaminophen (ex. Tylenol)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Lice Shampoo	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ibuprofen (ex. Advil, Motrin)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Swimmers Ear Drops	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Phenylephrine (ex. Sudafed PE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Topical antibiotic cream	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Antacids (ex. Tums, Rolaids)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Calamine Lotion	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Musinex (Tablets or Children's liquid)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Eye Wash Saline	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Diphenhydramine (ex. Bendryl)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Mediquick Spray	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Generic Cough Drops	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Hydrocortisone 1% cream	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dextromethorphan (Ex. Cough Syrup)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Aloe or generic burn spray	<input type="checkbox"/> YES	<input type="checkbox"/> NO

* The listed medications may be stocked in the infirmary and will be administered at the discretion of the medical staff only if the camper's health-care provider indicates approval.

Is there anything we may have not asked about that we should know?

The medical provider (Physician, PA, or Nurse Practitioner) must initial the following:

_____ I have completed and reviewed this form with both the camper and their parent/guardian

_____ I have discussed the rigors of a camping program whether Day or Residential Camping

_____ It is my opinion that the camper is physically and emotionally fit to participate in an active program (except as noted above).

Name (Printed), and type (M.D, D.O, PA, NP) _____

License Number: _____

Signature: _____

Office Contact Number: : _____

Stamp Imprint