

**Camper Screening**

Week # \_\_\_\_\_



Camper's Name \_\_\_\_\_

Cabin \_\_\_\_\_ Counselor's Name \_\_\_\_\_

*(Please explain "YES" responses on the back of this form.)*

**Check-in Form**

YES/NO Have you been sick within the last 14 days?

YES/NO Does the camper feel like s/he is running a fever?

YES/NO Has the camper been exposed to a contagious illness in the last 14 days?

YES/NO Does the camper have any visible signs of injury (cuts, bruises, etc.) or any rashes or itches?

YES/NO Has the camper had any change in their health or immunization status since the Health History information was completed?

YES/NO Does the camper have any over-the-counter or prescription medications in his/her luggage? (take home or give to nurse)

YES/NO Does the camper have a cell phone in their possession or luggage? (not allowed—parents please take home)

YES/NO Is the camper allergic to foods, medicines, or bee stings? (If yes, please list reactions and severity on back of this page)

Camper Name

Parents Complete <i>Please list only the medications to be taken at camp</i>		Nurse Completes																		
<b>DO NOT WRITE HERE</b>			FOR			OFFICE			USE			ONLY								
		Date																		
		Day	Sun	Monday			Tuesday			Wednesday			Thursday			Friday				
		Time	D	H	B	L	D	H	B	L	D	H	B	L	D	H	B	L	D	
Name of medication	Amount of each dose																			
Circle all times to be given: Breakfast – Lunch – Dinner – Bedtime																				
Name of medication	Amount of each dose																			
Circle all times to be given: Breakfast – Lunch – Dinner – Bedtime																				
Name of medication	Amount of each dose																			
Circle all times to be given: Breakfast – Lunch – Dinner – Bedtime																				
Name of medication	Amount of each dose																			
Circle all times to be given: Breakfast – Lunch – Dinner – Bedtime																				

Medication Administration Signature/Initial \_\_\_\_\_

**Health Information Release, Permission to Treat, Transport and Use Likeness**

- I attest that the health history information I completed online during the registration process for the above-named camper is current, correct and accurately reflects the health status of said camper. This camper has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program staff about my child's health status. I agree to hold Glisson Camp & Retreat Center, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation in the program.
- I attest that the information given in the above "Camper Screening Form" and "Camper Medication Record" is accurate and truthful.
- I understand that all medications for my Outpost Camper (if enrolled in the Outpost Program) will be administered by an Outpost Director or Trip Leader and that the camp nurse will serve Outpost in a consultative or emergency role only.
- I give permission to the camp staff to transport my camper for emergency or programmatic purposes at the discretion of the program directors.
- For good and valuable consideration, we hereby consent to and authorize the reproduction, publication, and use by Glisson Camp & Retreat Center and their successors and assigns, for advertising, commercial, or any other purpose, of any photograph, picture video or likeness of my child or other family members.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name or Parent or Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_