

2021 DOCTORS STATEMENT OF PARTICIPATION FOR BASE CAMP, BEYOND TIMBERLINE, and SHIFT



CAMPER HEALTH EXPECTATIONS FOR SUMMER PROGRAM -

All campers should be able to participate in athletic activity at 9,400 feet above sea level. A licensed Medical Doctor/NP/RN will be available on the property when campers are in session and more extensive care is provided by the Estes Park Hospital or Timberline Medical Clinic, which are located within 25 minutes of camp. Camp Timberline expects campers to have their health and behavior well managed. Please see our Health/Behavioral Statement for more information.

I confirm that within the preceding 24 months a health screening has been performed on:

CAMPER NAME: _____

Date Examined: _____ Height: _____ Weight: _____ Blood Pressure: _____

The above-named camper is current on his/her DTaP/Tdap and/or DT/Td immunization. YES / NO

In my opinion, the camper named above is in satisfactory physical condition, free from any contagious disease, and capable of active participation in a regular camp program. YES / NO

The camper is under the care of a physician for the following conditions (please be specific and list any physical limitations, health concerns, or special care needed with current treatment): _____

With camp's altitude of 9,400 feet, has the camper been diagnosed with a medical condition or disease of the blood, respiratory, metabolic, or other system, such as sickle cell disease, COPD/emphysema, etc. that would limit participation? YES / NO

If YES, please explain: _____

Does the camper have any health concerns that would be impacted by a contagious disease like the Coronavirus? YES / NO

If YES, please explain: _____

Does the camper use an inhaler, EpiPen, or other emergency medication? YES / NO

If YES, please list the items that the camper is authorized to carry with them at all times: _____

Please list any known drug reactions and allergies that the camper has:

Are there over the counter medications that the camper may NOT have (please refer to the camp list on the following page)? YES / NO

If YES, please list those OTC items the camper may NOT have:

*I have also provided the camper's **Certificate of Immunization or Statement of Exemption** as required by Camp Timberline and Colorado law.

REQUIRED SIGNATURE OF PHYSICIAN/NP/RN:

Date: _____

PHYSICIAN/NP/RN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

Camper's Session(s): _____



HEALTH HUT OVER THE COUNTER MEDICINE – PAGE 2 of DOCTOR'S STATEMENT

Please Note: All medication is given per instruction, allergies are verified, and only age-appropriate for the camper. These medications are available on an as-needed basis and note intended for daily or weekly use.

Benadryl (liquid & tablets)

Camphophenique

Cepacol

Cetaphil

Claritin (lorantidine)

Dayquil (acetamenophen, dextromethorphan HBr, phenylephrine)

Delsym (dextromethorphan)

Hydrocortisone Cream

Ibuprophen (liquid & tablets)

Miralax

Nasal Saline Spray

Nyquil *acetamenophen, doxylamine succinate, dextromethorphan HBr)

Pepcid (famantodine)

Pedialyte (liquid or popsicle)

Throat Losenges

Robitussin (guaifenesin)

Triple Antibiotic Ointment

Tylenol (acetamenophen)

Tums

Sunscreen Provided by Camp: Neutrogena Pure and Free SPF 45

*Please send your own sunscreen to camp but this will be available as needed.

CAMPER PRESCRIPTIONS: These items will need to be submitted to the RN/NP/MD with Doctor's Orders Form for each item in the ORIGINAL container on Opening Day. If your camper takes any of these over the counter medications regularly, please bring an adequate supply for their time at camp.