



## DAY CAMP HEALTH STATEMENT OF PARTICIPATION

### CAMPER HEALTH EXPECTATIONS FOR SUMMER PROGRAM -

All campers should be able to participate in athletic activity at 5,000 to 6,000 feet above sea level. The Day Camp program does not have a registered nurse/medical personnel on site, but the Day Camp Director can administer basic medications and emergency prescriptions such as inhalers and EpiPens. If the camper needs insulin or medication requiring a syringe, a parent will need to be present to administer medication/care when those items are needed. Camp Timberline also expects campers to have their health and behavior well managed. Please see our Health/Behavioral Statement for more information.

**CAMPER NAME:** \_\_\_\_\_

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 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): \_\_\_\_\_  
\_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_

The above named camper may take Advil, Tylenol, Benadryl, and Tums provided by Camp Timberline (only as needed): YES / NO

If NO to any of these items, please list those the camper may NOT have:  
\_\_\_\_\_  
\_\_\_\_\_

**CAMPER'S PREFERRED MEDICAL FACILITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

In the event of an emergency, I hereby give my permission for the Day Camp staff to access emergency medical services for my child, including transportation to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_