



NORTH EAST WORSHIP CAMP

JULY 13TH - 18TH

Scan and return this form by **June 24th** to:
neworshipcamp@gmail.com

OR mail it to:

New Hope Fellowship, ATTN: NEWC
PO Box 96, East Bloomfield, NY 14443

REGISTRATION & CAMP INFORMATION:

- Your teen is not fully registered until we receive the completed physician's form in our office.
- NEWC is an unplugged camp (Personal cell phone use will be allowed during our daily designated times and while at host homes).
- **Note:** NEWC does not take any financial responsibility for items lost or stolen while attending North East Worship Camp.

MEDICAL INFORMATION PACKET CHECKLIST:

We are only able to process **complete** forms; please be sure the physician's form is complete and that immunization records have been provided.

MEDICATION GUIDELINES:

BEFORE CAMP:

- Written medication orders, **signed by your Physician**, must be returned to camp at least one week before the camp week starts.
- Please check expiration dates on all medications.

AT REGISTRATION:

- All medications must be delivered to the camp nurse by a parent or designated representative. Please place ALL medication (prescription or over-the-counter) in a clear zip lock bag with your teen's first and last name, date of birth, and if the medication is "scheduled" or "as needed" so it can be clearly seen and read.
- **All medications must be in the original container (even OTC medications) with the pharmacy label securely attached.** Please supply enough pills to last while your teen is at camp plus an extra two days.
- *Unlabeled medication or preparations will not be accepted.*
- Any corrections to the orders (i.e. dosage changes or additional/discontinued medicines) must have written verification from your Physician.

DURING CAMP:

- Only nursing staff will administer medications to all campers.
- Medications will be kept in a locked cabinet at the Nurses' Station.

END OF CAMP:

- Nursing staff will return all medication to the parent or designated representative.

Teen's Name _____

Physician's Health Form: Please complete and sign below

Teen's date of birth: _____ Weight: _____ kg/lbs Date of last physical: _____ / _____ <div style="text-align: center; font-size: small;"> Month Year </div>	<input type="checkbox"/> List Camper Allergies _____ _____ _____
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Medication	Dosage	Frequency	Times to be given	(8a/12n/5p/HS)
1. _____				
2. _____				
3. _____				
4. _____				

OTC Med's Available at Camp	Dosage	Indications	MD Approval
1. Antacid Tablets (>12 yo) (Desatrose/fructose/phosphoric acid)	as directed on label	for minor heartburn	Yes/No
2. Bacitracin Ointment (active ingredient: Bacitracin zinc, USP 500 units)	as directed on label	for minor burns/wounds	Yes/No
3. Benadryl 25 mg	as directed on label	for minor skin reactions/allergies	Yes/No
4. Benzocaine 20% (Orajel)	as directed on label	for toothache & canker sores	Yes/No
5. Caladryl	as directed on label	for minor skin reaction	Yes/No
6. Chloraseptic spray	as directed on label	for minor sore throat	Yes/No
7. Hydrocortisone cream 1%	as directed on label	for minor skin itching/reaction	Yes/No
8. Ibuprofen (10mg/kg/dose)	as directed on label	for minor aches and pains	Yes/No
9. Loperamide Hydrochloride 2mg	as directed on label	for uncomplicated diarrhea	Yes/No
10. Loratadine 10 mg	as directed on label	for minor allergies	Yes/No
11. Phosphorated Carbohydrate Sol'n (Anti-emetic)	as directed on label	for nausea	Yes/No
12. Guaifenesin 100mg/5ml	as directed on label	for chest congestion	Yes/No
13. Tolnaftate Cream 1%	as directed on label	for fungal infections	Yes/No
14. Triple Antibiotic Ointment (Bacitracin/Neomycin/Polymyxin B)	as directed on label	for minor wounds	Yes/No
15. Tylenol (15 mg/kg/dose)	as directed on label	for minor aches and pains	Yes/No

Camper must keep inhaler with him/her at all times (Please check if applies).

***Please attach a current copy of Teen's Immunization Record**

Physician Signature: _____ Print: _____

Telephone: (____) _____ Date: ____/____/____

