

Camp N.O.A.H. 2024 CAMPER MEDICAL and Release FORMs

3. Medication Disclosure (Continued)

ROUTINE CONTINUING MEDICATIONS – Administered as prescribed on medication container

1. Daily medication (daily) will be given at breakfast.
2. Twice daily medication (bid) will be given at breakfast and dinner.
3. Three times a day medication (tid) will be given at breakfast, lunch, and dinner.
4. Four times a day medication (qid) will be given at breakfast, lunch, dinner, and bedtime.

Please bring all prescription Bottles with medications for campers to camp.

*****Physicians please indicate any desired changes for the Camper*****

Indicated PRN Medications and Administration Protocols:

- **Constipation:** Milk of Magnesia – Dosage and Frequency as indicated on Bottle.
- **Diarrhea:** Loperamide (Imodium AD) liquid – Dosage and Frequency as indicated on Bottle.
- **Nausea:** Tums – Dosage and Frequency as indicated on Bottle, Maalox – Dosage and Frequency as indicated on Bottle
- **Vomiting:** If anti-emetic is required camper will be transported to local Urgent Care/ E.R.
- **Fever:** Tylenol, and/or Ibuprofen. Dosage and Frequency as indicated on bottle. If fever is present with chills, vomiting, and other symptoms camper will unfortunately be required to leave Camp N.O.A.H.
- **Head Cold or Nasal Congestion:** Sudafed Dosage and Frequency as indicated on Bottle. Mucinex. Dosage and Frequency as Indicated on Bottle
- **Allergies:** Loratadine, Dosage and Frequency as indicated on Bottle. Cetirizine, Dosage and Frequency as indicated on Bottle.
- **Headache, Muscle Aches, soreness in limbs:** Tylenol, and/or Ibuprofen. Dosage and Frequency as indicated on bottle.
- **Rash:** Caladryl or diphenhydramine lotion may be used according to directions on container for comfort.
- **Hives:** Benadryl, Dosage and Frequency as indicated on Bottle. Loratadine, Dosage and Frequency as indicated on Bottle.
- **Scratches:** Triple antibiotic Ointment will be used according to directions on container.

Physician's Signature: _____

Date: _____

Physician's Office Contact Telephone #: _____

*****Physician signature required*****

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4. Does your child use an inhaler? Yes ____ No ____

If yes, let your child carry the inhaler? ____ or keep it with the nurses? ____

5. Does your child have any allergies to any food and/or medications? * Yes ____ No ____

If yes, please provide the following information

Allergy	Reaction	Comments

***If allergic reaction is severe, does your child have an EPI-PEN: Y / N If yes, bring to camp!**

Camp N.O.A.H. does NOT stock EPI-PENS.

6. Which medications are used to treat your child’s allergies? ****Please Review with your physician and indicate on Medication list (page 1) ****

7. What medications (dose) does your child take for illnesses (headaches/stomachaches, etc)? ****Please Review with your physician and indicate on Medication list (page 1) ****

8. Is there any other information about your child that we should know about?

(ie: frequent migraines—need to lie down in dark quiet room usually for an hour)

(Emotional turmoil such as a divorce, death, or illness to a loved one that is troubling them?)

Camp N.O.A.H. 2024 Camper Medical Form

Emergency Contacts:

In emergency, please contact: _____

Relationship to camper: _____

Home phone: (____) _____

Work Number: (____) _____

Other number: (____) _____

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Campers' Medical Insurance Information:

Insurance Co. Name: _____

Policy #: _____

Phone Number of Insurance Co. (____) _____

(Please provide a copy of the insurance card at time of camp registration)

Child's Physician: _____

Physician's Phone #: (____) _____

Emergency Treatment:

In the event of an emergency requiring medical treatment, I give permission for Camp N.O.A.H. staff to obtain the services of a licensed physician. Please notify the individual designated as the emergency contact in any emergency.

Signature of parent or guardian.

Printed name of parent or guardian

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Liability Release Form

In consideration for being accepted by Camp N.O.A.H. for participation in the 2024 annual camp, we (I), being 21 years of age or older, do ourselves (myself) (and for and on behalf of my child-participant) do here by release, forever discharge and agree to hold harmless Camp N.O.A.H., the directors and agents thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child-participant that occur while said child is participating in the above-mentioned annual camp.

Furthermore, we (I) (and on behalf of our (my) child-participant hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recognition in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Camp N.O.A.H. to furnish any necessary transportation, food or lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said Camp N.O.A.H., their directors and/or agents as the result of the accidental, negligent, willful or intentional act(s) of said participant, including, expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in activities of said camp, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limitation to an emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Printed name of camper

Father's signature (Or Legal Guardian)

Mother's signature Date

(Both parents must sign unless of divorce or separation in which case the custodial parent signs)

STATE OF _____ County of _____

The forgoing instrument was acknowledged before me this _____ day of _____, 20_____

by _____ Who is personally known to me or who has produced _____

as identification and did or (did not) affirm so.

(SEAL) _____

Print Notary Name Notary Signature My Commission

Expires On