

Health Information 2022



Thank you for joining us!

We are so excited you are here at Click Arts Camp and want your experience to be as safe and positive as possible. Please complete this brief health questionnaire before check-in so that we can do our best to care for your camper during this special time together. We have a record of any food, medication, or latex allergies reported in your camper's registration packet. If anything has changed, please make a note of it here.

Happy Summer! ~Dr Garrett

Immunizations

_____Initial here to certify that your camper's immunizations are completely up-to-date for his/her age

_____Initial here to certify that your camper has also been immunized against Covid-19

_____Initial here if your camper is not immunized OR only partially immunized and state why:

Camps are inherently at a higher risk for illness outbreaks given close contact and confined environments. We have a public health and ethical responsibility to protect all campers and staff from vaccine-preventable diseases, to include Covid-19.

As Needed Over-the-Counter Medication

_____Initial here to give permission for Click Arts Camp medical staff may dispense to your camper the following over-the-counter medications, if needed: CIRCLE for "yes" or ~~CROSS OUT~~ for "no"

Topical antibiotic ointment

Tylenol/Acetaminophen

Ibuprofen/Motrin/Advil

Sunblock

Zyrtec/cetirizine

Anti-itch cream/1% hydrocortisone cream

Tums/Anti-acid

Bug spray/insect repellent

Medical Home

Please give the name and phone number for your camper's physician, nurse practitioner or physician associate:

Name: _____

Phone number: _____

Prescription Medication

_____ Initial here if your camper takes medication on a regular/routine basis

Please list ALL medications the camper is bringing, to include over-the-counter or non-prescription drugs

- Medication must be in original packaging/bottle- **NO loose pills**
- Prescription medications **must** be in the camper's name
- Medication must be turned in to staff at check-in at arrival **Do NOT leave in luggage**
- Bring enough medication to last duration of camp

Medication	Dose	Times taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Initial here if your camper requires an inhaler that he/she

CIRCLE for "yes" or ~~CROSS-OUT~~ for "no": My camper must personally carry his/her inhaler at all times

_____ Initial here if your camper carries an Epi-pen

CIRCLE for "yes" or ~~CROSS-OUT~~ for "no": My camper must personally carry his/her Epi pen at all times

Emergencies

_____ Initial here to acknowledge that in an emergency Click Arts Camp medical staff may administer epinephrine when they determine anaphylaxis, a rapidly progressing, life-threatening allergic reaction may occur

