

MEDICAL INFORMATION

To provide your daughter with the best possible health care this summer, we ask that you read the following information carefully, then complete and return the Health Record and Emergency Contact Information form to:

Camp Walden
PO Box 4465
Charlottesville, VA 22905
by June 1st

(Please print "Medical Form" on envelope)

1. The Health Record must be signed by both (1) parent or guardian and (2) doctor. No camper will be allowed to participate in camp activities or trips without the signed Record on file at camp.
2. Medication sent to camp unlabeled or without an explanatory letter WILL NOT be given to the camper. The camper's name AND the contents should appear on the medication, and ALL medication (except vitamins) should be sent with a letter of instruction from the PHYSICIAN containing the diagnosis, expected length of therapy, and drugs to be used. This letter must be attached to the medication. If no letter is attached to a prescription bottle, the medication will be dispensed according to the prescription label from the pharmacy.
3. We need to emphasize that NO drugs of any kind, including aspirin, antihistamines, or even bandaids may be kept in the bunks. ALL medications will be collected by the nurses and kept in the dispensary. Inhalers are the only thing that a camper may keep. If a camper has medication in her possession, she is likely to share it with other campers rather than having them report to the nurse.
4. If your daughter has ANY allergies, be sure to complete the Allergy Information section of the Health Record. If your daughter needs allergy injections, the first shot is given in the Doctor's office, and the charge for this is not covered by health insurance. If there is no reaction, then subsequent injections may be given by our camp nurses.
5. Please have your daughter's teeth examined before camp starts. There is an extra charge for trips to the Orthodontist. Insurance does not cover regular dental care.
6. PLEASE NOTIFY US IMMEDIATELY if your daughter has been exposed to ANY CONTAGIOUS DISEASE within three weeks of attending camp. We must restrict ALL campers' activities if we have an outbreak of contagious diseases such as chicken pox at camp.
7. Please check your daughter for head lice within two days of the start of camp. Lice epidemics are prevalent in many school districts, and we would like to avoid this at camp. We will check all campers the first day of camp, and any girl found with lice or nits will be isolated in the camp infirmary until she is free of them. Please be sure to wash your daughter's hair with NIX a day before camp and send a bottle of NIX with her.

Information on Treating Lice

Re-Printed from Mayo Clinic Health Center Newsletter

Springtime means students are concentrating on exams, but your children may be scratching their heads for another reason: head lice. Studies show that roughly three to five children in a hundred are infested in almost every elementary school in this country. In some communities, the problem is even worse. Fortunately, effective treatment is available.

Head lice are annoying, but not dangerous

Head lice do not carry epidemic disease, although if left untreated they can lead to local scalp infection. Confirmed data are scarce, but there may be up to 10 million cases today.

Lice may spread from head to head directly or indirectly via comb, scarf, cap and bed linen. The best prevention is to tell your children not to share personal items with schoolmates. Animals do not spread the lice. Adults are susceptible, but white schoolchildren are the most frequent targets. (Black children in America, even in close contact with white schoolmates, rarely are affected.)

Your child may have lice without knowing it. Itching of the scalp is usually the first symptom. Itching results from the saliva of lice as they stab tiny holes into the scalp and gorge on human blood. Lice can live for several weeks, and females lay five to 10 new eggs each day.

Adult head lice are about the size of a sesame seed. It is possible but not easy to see them. A better tip-off that your child has lice comes from spotting their eggs. These eggs are called nits. They are white, shaped like a football and located on a shaft of hair. They resemble dandruff but cannot be easily brushed away.

Head lice do not respect social class. Stereotypes associate lice with poor, uneducated children (which led to "nitwit" as an insult), but children of all social and economic backgrounds are infested. If you suspect your child has head lice, part the hair with a Popsicle stick, teaspoon handle or emery board. Do not use your fingers, or nits may settle under your fingernails.

Treatment is a two-stage process

The best remedy involves use of medicated shampoo followed by removal of nits with a special comb. This two-step treatment should be repeated after about 10 days. *Follow all instructions carefully, and ask your doctor if you have questions.*

Removal of nits is tedious (hence the phrase "nit-picking") but important. Make inspection of your children's hair a part of your family routine. If one member of the family has lice, check everyone else. Then wash clothes and bed linen in hot water and dry on the hot cycle. Or seal up these items in a plastic bag for 10 days and then brush them carefully to remove dead nits. But drastic measures are not necessary: There is no need to fumigate your house.

8. If your daughter wears glasses or contact lenses, please be sure she has an extra pair with her. A copy of your daughter's prescription is also helpful for us to have on record.

We have had wonderful health records for our campers, and expect to have another good healthy summer. We have again made arrangements with local doctors, who are associated with the Northern Cumberland Memorial Hospital in Bridgton, to care for our campers. Our two R.N.s are under the doctor's direction.

However, in case of an emergency we would like to be able to notify you immediately.

Please let us, as well as your daughter know, when you plan to be away from home and where you will be staying. Please don't forget to complete the **EMERGENCY CONTACT FORM** so we know who we may call if you cannot be reached.

CAMP WALDEN HEALTH RECORD

DATE OF BIRTH _____

NAME OF CAMPER _____ DATE _____

CAMPER SOCIAL SECURITY NUMBER _____

PARENT/GUARDIAN _____

ADDRESS _____

HOME PHONE () _____ WORK PHONE () _____

NAME OF PEDIATRICIAN _____ PHONE _____

ADDRESS _____

TO BE COMPLETED BY PARENT OR GUARDIAN

ALLERGIES (List all known) Describe reaction and management of the reaction.

Medication allergies (list)

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Food allergies (list)

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Other allergies (list) - Include **Bee stings**, insect stings, asthma, hay fever, animals etc.

<hr/>	<hr/>
<hr/>	<hr/>

Allergist name _____

Address _____

Telephone _____

MEDICATIONS BEING TAKEN

Please list all medications (including over the counter or non-prescription drugs) taken routinely. Bring enough to last the entire time at camp. Keep it in original packaging or bottle that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and the frequency of administration.

___ This camper takes NO medications on a routine basis.

<u>Medication</u>	<u>Dosage</u>	<u>Specific time of day taken</u>	<u>Reason for taking</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Attach additional pages for more medications. Identify any medications taken during the school year not being taken during camp.

RESTRICTIONS

The following restrictions apply to this camper.

Dietary

Does not eat red meat Does not eat pork Does not eat eggs
 Does not eat poultry Does not eat seafood Does not eat dairy products
 Other (describe) _____

Explain any restrictions to activities (e.g. what cannot be done, what adaptations or limitations are necessary). _____

General Questions (Please circle appropriate response and explain "YES" answers below)

Has/does you daughter:

1. Had any recent injury, illness, or infectious disease?.....	YES	NO	16. Ever had back problems?.....	YES	NO
2. Have a chronic or recurring illness/condition?.....	YES	NO	17. Ever had problems with joints (e.g. knees, ankles, etc)?.....	YES	NO
3. Ever been hospitalized?.....	YES	NO	18. Have an orthodontic appliance brought to camp?.....	YES	NO
4. Ever had surgery?.....	YES	NO	19. Have any skin problems?.....	YES	NO
5. Have frequent headaches?.....	YES	NO	20. Have diabetes?.....	YES	NO
6. Ever had a head injury?.....	YES	NO	21. Have asthma?.....	YES	NO
7. Ever had loss of consciousness.....	YES	NO	22. Had mononucleosis in the past 12 months?.....	YES	NO
8. Wear glasses, contacts or protective eye wear? reading all the time.....	YES	NO	23. Had problems with diarrhea or constipation?.....	YES	NO
9. Ever had frequent ear infections?.....	YES	NO	24. Have problems w/ sleep walking?.....	YES	NO
10. Ever passed out during or after exercise?.....	YES	NO	25. Has she started to menstruate?.....	YES	NO
11. Ever been dizzy during or after exercise?.....	YES	NO	26. Have a history of bed-wetting?.....	YES	NO
12. Ever had seizures?.....	YES	NO	27. Ever had an eating disorder?.....	YES	NO
13. Ever had chest pain during or after exercise?.....	YES	NO	28. Ever had emotional difficulties for which professional help was sought?.....	YES	NO
14. Ever had high blood pressure?.....	YES	NO	29. Ever had tonsillitis?.....	YES	NO
15. Ever been diagnosed with a heart condition?.....	YES	NO	30. Ever had urinary tract infections?.....	YES	NO

Please explain any "yes" answers, noting the number of the question.

Which of the following has your daughter had?

Please give the most recent dates of immunization for following Vaccines:

Mon/Yr	Vaccine:	Mon/Yr
_____ Measles	DTP	_____
_____ Chicken pox	TD (tetanus/diphtheria)	_____
_____ German measles	Tetanus	_____
_____ Mumps	Polio	_____
_____ Hepatitis	MMR	_____
	or Measles	_____
	or Mumps	_____
	or Rubella	_____
TB Mantoux Test	Haemophilus influenza B	_____
Date of last test _____	Hepatitis B	_____
Result:	Varicella (chicken pox)	_____
_____ Positive	BCG	_____
_____ Negative		

Use this space to provide any additional information about your daughter's behavior and physical, emotional, or mental health about which the camp should be aware.

YOUR SIGNATURE BELOW IS ESSENTIAL FOR YOUR DAUGHTER'S PARTICIPATION IN ANY AND ALL CAMP ACTIVITIES.

I give permission for my daughter to take part in all camp activities and trips.

AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, and release any records necessary for insurance purposes.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including HOSPITALIZATION OR EMERGENCY SURGERY, for my daughter _____.

Print Daughter's Name

Camp will provide necessary transportation for treatment of camper.

This form may be photocopied for trips out of camp.

Parent or Guardian signature

Date

Please print name

Witness

While we do not anticipate an emergency, this permission is **required** by the hospital for **any** treatment at the hospital, even of a most minor nature.

TO BE COMPLETED BY CAMPERS' PEDIATRICIAN

I have examined _____ Date of examination: _____

BP: _____ Weight: _____ Height: _____

This camper is under the care of a physician for the following conditions:

Current treatment at the time of this report includes: _____

RECOMMENDATIONS AND RESTRICTIONS AT CAMP

Treatment to be continued at camp: _____

Medications to be administered at camp (name, dosage, frequency): _____

Any medically prescribed meal plan or dietary restrictions: _____

Known allergies: _____

Description of any limitation or restriction on camp activities: _____

Additional information for health care staff at camp: _____

Signature of Pediatrician _____

FOR CAMP USE ONLY

SCREENING RECORD

Date screened: _____ Time: _____ AM PM
Meds received: _____

List all medications collected from camper upon arrival: _____

Current health needs identified: _____

Observational notes: _____

Screened by: _____ Date: _____

