



Camper Name: \_\_\_\_\_

### IMMUNIZATIONS RECORD

Record the date (month & year) of basic immunizations and most recent booster doses. Writing "up-to-date" is NOT sufficient.  
 Parent/legal Guardian may fill immunization records in chart below or attach a copy of record with most recent dates.

| Vaccines                                     | Year of Basic Immunizations |         |         | Year of Last Booster |
|--|-----------------------------|---------|---------|----------------------|
|  | Date #1                     | Date #2 | Date #2 |                      |
| <b>DPT (Diphtheria, Pertussis, Tetanus)</b>  |                             |         |         |                      |
| <b>OR</b>                                    |                             |         |         |                      |
| <b>TD (Tetanus, Diphtheria)</b>              |                             |         |         |                      |
| <b>Polio</b>                                 |                             |         |         |                      |
| <b>MMR (Measles, Mumps, Rubella)</b>         |                             |         |         |                      |
| <b>Tuberculin Test (Date of Most Recent)</b> |                             |         |         |                      |
| <b>Hepatitis B</b>                           |                             |         |         |                      |

**Insurance Information:** Does your family receive medical / hospital insurance? Y / N  
 If yes, list name of insurance company: \_\_\_\_\_  
 Policy / Group #: \_\_\_\_\_ Medical Assistance #: \_\_\_\_\_

### MEDICATION POLICY

**If your child is bringing medication to camp, please read & complete the following.**

1. Your child must continue all medications (i.e. prescription or over the counter), as ordered by the licensed prescribing physician, while at camp.
2. In order for your child to attend camp, the medication must be present and a completed Medication Administration Form must be on file at camp.
3. Each medication must be in its original container; having the name of the person to whom it was prescribed clearly marked on the label and contain the prescribing physician's name, prescription date, expiration date and name of the prescription.
4. All medication will be given according to the label directions unless otherwise specified in writing by the prescribing physician.
5. All medication will be kept in, and given out from, the Health Center by the camp nurse—except inhalers, which may be kept with the camper or counselor at the nurse's discretion.
6. **DO NOT** send non-prescription, over-the-counter drugs, creams, lotions, or other treatments with your child—unless prescribed by the licensed physician. We supply these items based on the Camp's standing orders.

**The following form must be signed by prescribing Physician:**

|   |                                       |
|---|---------------------------------------|
| <b>MEDICATION ADMINISTRATION FORM</b>   | Camper Name: _____                    |
| <p>Any camper (under 18 years of age) who needs medication dispensed at camp <b><u>MUST</u></b> have this form filled out and <u>signed by the prescribing physician</u> before any medication can be administered. <b>Use only one form for each prescription and have it completed by each prescribing physician.</b> The information is required by Wisconsin State Law HSS 175.14 (6) (a.,b.)*. <b>PHOTOCOPY AS NEEDED.</b></p> |                                       |
| Name of Medication: _____   | Dosage: _____ Frequency: _____        |
| Duration: _____   | Route: _____ Adverse Reactions: _____ |
| Specific conditions when a physician should be contacted or other instructions: _____   |                                       |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> <p> <b>Prescribing Physician's Signature:</b> _____</p> <p style="text-align: center;">Signed &amp; Stamped by Physician      Date</p> </div> <div style="width: 35%;"> <p>Phone: (    ) _____</p> <p>Fax: (    ) _____</p> </div> </div>   |                                       |

\*HSS 175.14 (6) (a., b.) Medications. All medications brought to camp by a camper or staff member under 18 years of age shall be in containers which identify the medications and the camper or staff member, shall be kept in a locked unit and shall be administered by the camp health supervisor as prescribed by a licensed physician with a record of treatment maintained. Each staff member 18 years or older shall be responsible for the security of his or her personal life-threatening medication or as approved by the camp's health care provider in accordance with the camp's health care procedures. 0303