

# CAMP LI-LO-LI MEDICAL FORM for (camper's name:)

## STANDING ORDERS FOR OVER THE COUNTER MEDICATIONS:

The following over the counter medications are available in the Camp Li-Lo-Li infirmary and will be administered as per direction given below by the Health Care Provider (HCP). **Without the HCP signature, the camper cannot be given any of these medications under New York State Law.**

Drug Name	HCP's Approval
Acetaminophen (i.e. Tylenol)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ibuprofen (i.e. Advil/Motrin)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Naproxen (i.e. Aleve)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Benadryl- liquid or capsules	<input type="checkbox"/> YES <input type="checkbox"/> NO
Robitussin DM (cough syrup)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dimetapp (cough & cold elixer)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sudafed tablets (decongestant)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Immodium tablets (anti-diarrheal)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Polysporin eye/ear drops	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tums (antacid tablets)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Antiseptic throat spray	<input type="checkbox"/> YES <input type="checkbox"/> NO
Calamine/Caladryl lotion	<input type="checkbox"/> YES <input type="checkbox"/> NO
Triple antibiotic ointment	<input type="checkbox"/> YES <input type="checkbox"/> NO
Silvadene burn cream	<input type="checkbox"/> YES <input type="checkbox"/> NO
Claritin tablets (allergies)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hydrocortisone Cream 1%	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please include a copy of the child's IMMUNIZATION RECORDS or fill out on-line.

Prescription Medications	Route	Dosage	Schedule & indications	Comments

Current medications MUST be brought in original container with instructions!

Health Care Provider's Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

License # \_\_\_\_\_ Date \_\_\_\_\_

**HCP Signature** \_\_\_\_\_

*\*If you register on-line, you will still need to mail this medical form to the registrar with appropriate signatures*

HOSPITALIZATION OR SURGERY WITHIN THE LAST YEAR : \_\_\_\_\_

**ALLERGIES: (explain reaction as well)** \_\_\_\_\_ Carries EpiPen  
 \_\_\_\_\_ Bees or Insect Bites/Stings \_\_\_\_\_ Penicillin  
 \_\_\_\_\_ Foods (Specify) : \_\_\_\_\_  
 \_\_\_\_\_ Other (Specify) : \_\_\_\_\_

**HEALTH HISTORY:** (Check if any apply & explain)  
 \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes  
 \_\_\_\_\_ Frequent Ear Infections \_\_\_\_\_ Bed-wetting  
 \_\_\_\_\_ Emotional/Behavioral Disorder  
 \_\_\_\_\_ Heart defect/ disorder  
 \_\_\_\_\_ Bleeding / Clotting Disorder  
 \_\_\_\_\_ Seizures &/or Epilepsy  
 \_\_\_\_\_ Other: **please specify:** \_\_\_\_\_

### RELEASE TO BE SIGNED BY PARENT/GUARDIAN OF A MINOR:

- I hereby grant permission to the camp medical personnel to administer any necessary medical treatment to my child while at camp, including but not limited to, first aid and administering over the counter medication according to standing orders from the camper's health care provider.
- In the event of an emergency where I cannot be reached, I hereby give permission to the physician selected by the camp to take whatever action is necessary to care for my child, including but not limited to, ordering x-rays and appropriate tests, hospitalization, injections, anesthesia and or surgery for my child as named above.
- I hereby grant permission for camp medical personnel to obtain access to necessary medical, psychiatric or social work records and to receive the results of medical procedures completed while my child is enrolled at camp. I also grant the release of any records necessary for treatment, referral, billing or insurance purposes.
- I understand that if my child requires medical treatment off camp property, I am responsible for any expenses, including but not limited to, co-payments as required by and associated with this treatment according to the guidelines of my own insurance coverage.
- I give permission to the camp medical staff to administer the over OTC and prescription medications indicated as ordered by my child's health care provider.
- I understand that if the Standing Orders chart at left is NOT signed by my child's health care provider, my child will NOT be given any over the counter medications at camp.

- Camp Li-Lo-Li may use photos or videos taken at camp for promotional purposes.**
- I give permission for my child to participate in all camp activities including the following** (please check yes or no for each) :  
 High Ropes & Climbing activities (see page 12)  YES  NO  
 Out of camp canoe trips (see page 13)  YES  NO

**SIGNATURE**(Parent/Guardian) \_\_\_\_\_

Name (please PRINT) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Required by New York State Health Department: Information regarding the **MENINGOCOCCAL MENINGITIS IMMUNIZATION** (Menactra™) will be sent to all campers who plan to stay for **more than 7 consecutive nights**. Response from parent/guardian will be required.

# CAMPER REGISTRATION FORM

## IMMUNIZATIONS for \_\_\_\_\_

Actual dates are required by health department up to age 21. Attach copy or fill in the dates here or fill out dates on-line.

DPT			
POLIOMYELITIS			
MMR			
INFLUENZA B		VARICELLA	
LAST TETANUS		MENINGITS	
HEPATITIS B			

**DISCOUNTS:** Details are on page 11. These cannot be applied online. Registrar must be contacted prior to attending camp (see below).

- Apply the **Family Discount** for 5 or more total weeks purchased
- Apply the **Bring A Friend Discount** to my account
- Apply the **Bring A Friend Discount** to my friend's account

I am a past camper and have invited my friend, \_\_\_\_\_, to attend Camp Li-Lo-Li summer camp for the first time. If he/she does not attend, I understand I will not receive the discount.

## STORE MONEY

We are enclosing an additional \$\_\_\_\_\_ to be applied for spending money at the camp store. Any money not spent will be returned to the camper at the end of the week.

## SUMMER ROUND-UP CAMPERS

need to select their main activity. Indicate First (1), and Second (2) Choice. (Each has a limited number of openings)

- \_\_\_\_\_ **Horsemanship** (several skill levels available)
- \_\_\_\_\_ **Marksmanship / Riflery** (age 12 & up only)
- \_\_\_\_\_ **Camping Challenge** (tent camping skills and other surprises!)
- \_\_\_\_\_ **Crafts**
- \_\_\_\_\_ **Archery**
- \_\_\_\_\_ **Ropes Course & Climbing Wall**

Please see the camp website for more details about each of these options

**PLEASE MAIL COMPLETED FORMS TO OUR  
CAMP REGISTRAR AT  
8811 Sunfish Run Road  
Randolph, NY 14772  
registrar@liloli.org**



If you register on-line, you still need to mail the signed medical form to the registrar.

PLEASE COMPLETE BOTH FORMS & PRINT CLEARLY

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Birthdate (M/D/YR) \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_ Age \_\_\_ Weight \_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Cabin mate: One request , no guarantee \_\_\_\_\_

**Parent e-mail for faster confirmation** \_\_\_\_\_

**Sign me up for a free periodic newsletter with camp updates and registration reminders**

First Time camper?  YES  NO If so, how did you hear about camp?

- Friend  Church  Website  Radio  Family  Other

EMERGENCY CONTACT NAMES	HOME PHONE (with area code)	WORK PHONE (with area code)	CELL PHONE (with area code)
Father	( )	( )	( )
Mother	( )	( )	( )
Other Guardian	( )	( )	( )
Other Contact	( )	( )	( )

**INSURANCE INFORMATION:** Please note- ALL CANADIAN CAMPERS must bring their health care card to camp and leave it there during their session.

Name of Insurance Company: \_\_\_\_\_

(Submit a photocopy of insurance card if possible)

ID# \_\_\_\_\_ Group # \_\_\_\_\_

Policy # \_\_\_\_\_ Certificate # \_\_\_\_\_

## SESSION(S) ATTENDING:

- PRE-TEEN 1  PRE TEEN 2  PRE TEEN 3
- TEEN 1  TEEN 2  SUMMER ROUND UP

- ADD \_\_\_\_\_ full week(s) of horseback riding (\$60 each)\* **OR**
- ADD \_\_\_\_\_ trail rides at \$23 each

\* If attending more than one session, please indicate which week you want horses

SUMMER ROUND-UP CAMPERS NEED TO CHOOSE OPTIONS AT LEFT