

Camp Berea

Medical Form and Release Form Camper must have this form to stay at Camp!

Name: _____ Date of Birth: ___/___/___ SS# _____

Address _____
Street/Box State Zip

Description of any current health conditions requiring medication, treatment, or special restrictions

Please indicate any recent medical treatment the camper has received.

Date of last tetanus shot: ___/___/___ Please include dates of immunizations the camper has received.

-Measels _____ -German Measels _____ -Mumps _____ -Polio _____
-DPT _____ -MMR _____

List any allergies: _____

List any Prescription Medications-(note:all prescriptions must arrive at camp **in original containers** and be turned over to Camp staff at registration with clear instructions for dispensing on bottle.)(IMPORTANT:**see back of sheet** for inhalers, epi pens, or other self administered medication.)

Insurance Company Name: _____ Policy Number: _____

Name on Policy: _____ Parent or Guardian Names _____

Parent number (home) _____ (work): _____

Alternative Contact: _____ Number _____ Relationship to Camper: _____

I understand that in the case of emergency or illness, every effort will be made to contact me or the alternate contact person I have indicated. I hereby give consent for any necessary treatments to be administered to

_____. I release and agree to indemnify Camp Berea and any of its representatives from all claims, damages, actions, or causes of action arising therefrom. I agree that my child is in good health other than any condition indicated above and grant permission for him/her to participate in all camp activities unless I have indicated otherwise on this form. I understand that Camp Berea may use my child's likeness in a photograph or video to promote camp but they will not release my child's full name or address without my permission.

I attest that my child has shown no symptoms of COVID19 and to the best of my knowledge has not been recently exposed to the Corona Virus. I understand that even with precautions, exposure to Corona Virus is possible in any group setting & agree to accept that risk in allowing my child to participate in camp.

Date: ___/___/___ Parent or Guardian: _____

Self-Administered Emergency Medication

New state law requires that we have prior written approval from a camper's primary health care provider and parent or guardian. If your camper has an inhaler, epi pen, or other emergency medication that they carry with them, please make sure you and your health care provider fill out the form below. The applicable state law follows.

PRIMARY HEALTH CARE PROVIDER FORM

As the primary health care provider for _____, during his/her time at Camp Berea,
Camper Name
the above camper is permitted to have readily available (carry or possesses outside of the regular supervision of the camp's health staff) and self-administer as medically necessary: (circle all that apply or list)

- A. Asthma Inhaler
- B. Epinephrine Pen
- C. Other (please list) _____

I have read the State of Maine law below and confirm that the camper has the knowledge and the skills to have readily available and safely self-administer the indicated emergency medication in camp.

Primary Healthcare Provider Signature

Date

PARENT PERMISSION FORM

As parent or guardian for _____, during his/her time at Camp Berea, the above camper is permitted to have readily available (carry or possesses outside of the regular supervision of the camp's health staff) and self-administer as medically necessary the above indicated medication or device.

I have read the State of Maine law below and confirm that the camper has the knowledge and the skills to have readily available and safely self-administer the indicated emergency medication in camp.

Parent or Guardian Signature

Date

Summary of Maine Law on Self Administration of Emergency Medications

Recreational camps for children; emergency medication. A recreational camp for boys or girls must have a written policy authorizing campers to self-administer emergency medication, including, but not limited to, an asthma inhaler or an epinephrine pen. The written policy must include the following requirements:

- A. A camper who self-administers emergency medication must have the prior written approval of the camper's primary health care provider and the camper's parent or guardian.
- B. The camper's parent or guardian must submit written verification to the camp from the camper's primary health care provider, confirming that the camper has the knowledge and the skills to safely self-administer the emergency medication in camp;
- C. The camp health staff must evaluate the camper's technique to ensure proper and effective use of the emergency medication in camp; and
- D. The emergency medication must be readily available to the camper.

The full statute may be viewed at: <http://janus.state.me.us/legis/statutes/22/title22sec2496.html>