Recommendations for Licensed Medical Personnel

FORM 2

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by _____ (date)

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel:** Cross out those items the camper should not be given.

- **Acetaminophen (Tylenol)**
- **Ibuprofen (Advil, Motrin)**
- **Phenylephrine (Sudafed PE)**
- **Pseudoephedrine (Sudafed)**
- **Chlorpheniramine maleate**
- **Guaifenesin**
- **Dextromethorphan**
- **Diphenhydramine (Benadryl)**
- **Generic cough drops**
- **Chloraseptic (Sore throat spray)**
- **Lice shampoo or scabies cream (Nix or Elimite)**

**Diet, Nutrition:** □ Eats a regular diet. □ Has a medically prescribed meal plan or dietary restrictions: (describe below)

**The camper is undergoing treatment at this time for the following conditions:** (describe below) □ None.

**Medication:** □ No daily medications. □ Will take the following prescribed medication(s) while at camp: (name, dose, frequency—describe below)

**Other treatments/therapies to be continued at camp:** (describe below) □ None needed.

**Do you feel that the camper will require limitations or restrictions to activity while at camp?** □ No □ Yes

If you answered “Yes” to the question above, what do you recommend? (describe below—attach additional information if needed)

*I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper’s parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): _____________________________________________________

Signature: _______________________________ Title: _________________

Office Address: __________________________________________________________________________

Street __________________________ City ________ State ________ Zip Code ____________

Telephone: (_______)_____________________ Date:_______________________

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