



FOR OFFICE USE

DORM NUMBER:

COUNSELOR:

Summer Camp 2026

This form must be completed by the Parent/Guardian of any camper with medication/allergies.

STEP 1: CAMPER INFORMATION (please print clearly)

Camper Name _____ Age _____ Birth Date ____/____/____ Gender M F

STEP 2: CHURCH INFORMATION (please print clearly)

Church Name _____ Group Leader _____

STEP 3: WEEK OF CAMP (check one)

Camp Adventure – July 7-10
 Grades: 1st-4th

 Camp Journey – July 13-17
 Grades: 5th-8th

 Camp Inspire – July 20-26
 Grades: 9th-12th

STEP 4: HEALTH INFORMATION (required)

Is there any information we should have regarding this camper? (i.e., handicaps, restrictions, etc.) _____

What communicable diseases has this camper had? (check all that apply) Measles Polio Mumps Chicken Pox Scarlet Fever Whooping Cough

When did this camper receive the following immunizations? (give year) Polio _____ Diphtheria _____ Whooping Cough _____ Tetanus Toxoid _____

Does the camper have any of the following? (check all that apply) Heart Trouble Ear Trouble Asthma Hernia Skin Trouble Lung Trouble Diabetes

Allergies (Name allergies or medications camper is allergic to. **Camper must bring own EpiPen if needed.**) _____

Physical Limitations: _____

Mental Limitations: _____

Are there any activities the camper should be restricted from? Yes No _____

Has camper been under medical care within the past three months?

Yes No If so, for what reason _____

May be given Tylenol? Yes No Benadryl? Yes No Ibuprofen? Yes No Aspirin? Yes No Mylanta? Yes No Pepto-Bismol? Yes No

STEP 5: CAMPER MEDICATION (please print clearly)

Please use back if needed

# of Meds	Medication	Dosage	Frequency
1			
2			
3			
4			
5			
6			

STEP 6: SIGNATURES (required)

Phone Number(s) you can be reached at if nurse has any questions

Phone Number () _____ Cell Number () _____ Work Number () _____

Prescription medication needs to be in the original bottle, with only the amount needed for the camper's stay at River Pointe. All prescription bottles should come in a ziploc bag with the camper's name written on it. Over-the-counter medication brought to camp **WILL NOT** be accepted at check-in. Designated medical professionals are available at the nurse's station to dispense over-the-counter medication as needed.

This must be signed by the camper's Parent/Legal Guardian.

PARENT'S OR GUARDIAN'S SIGNATURE (required) _____ Date ____/____/____