



E. Chicken Pox [Varicella] <--**Only Campers who have not yet broken out with Chicken Pox**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ <-- **Campers (8 - 12 yrs)**  
(mo)(day)(yr)  
1 Dose

**Dates:** \_\_\_\_/\_\_\_\_/\_\_\_\_ <-- **Campers (13-18 yrs)**  
(mo)(day)(yr) (mo)(day)(yr)  
Dose 1 Dose 2

**Please Note:** If there is a religious-based objection to the immunization of your child, the parent(s) or guardian(s) should submit a "Letter of Indemnity".

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**HEALTH INSURANCE INFORMATION (Please Print):**

Name of Party Insured: \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Insurance Company (Full Name): \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date of Policy: \_\_\_\_/\_\_\_\_/\_\_\_\_

Providers (Hospitals) Can Call: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ to verify coverage.

**Please read before signing:**

A. My signature certifies that the above information is correct to the best of my knowledge. My signature also serves as:

\* Consent for my child to receive any necessary medical treatment by certified/licensed medical personnel to minimize any delay in time, should an emergency arise. I understand that I will be promptly contacted by a camp administrator.

\* Consent to be billed by the camp in the amount \$5.00- \$15.00 per splint should an injury require stabilization for continued active participation or for transport to a local hospital for examination by a physician.

**Note:** Basic health aides will be available at no additional cost for campers. They include common First-Aid items (for external use only), such as skin antiseptics, Bandaides, Ben Gay, etc.

B. I hereby give my permission for my child to receive the following over-the-counter pharmaceuticals by the licensed Physical Therapist or Certified Athletic Trainer(s) of the camp staff, as needed and as requested by my child. I understand that it is my privilege to send my own pharmaceuticals from home with my daughter which would be administered instead.

**Check all that applies:**

\_\_\_\_\_ Tylenol (does not contain aspirin)/ Dosage would be based on label recommendation.

\_\_\_\_\_ Advil or Ibuprofen (contains aspirin)/ Dosage would be based on label recommendation.

\_\_\_\_\_ Vitamin-C Throat lozenges -- for sore throats/mild coughs.

\_\_\_\_\_ Pepto Bismal -- for minor stomach upset/ Dosage would be based on label recommendation.

\_\_\_\_\_ **Please use the following: in addition and /or instead:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_/\_\_\_\_/09  
Date