



Easterseals Camp Stand By Me
Guardian Intake Form

All campers must have this form submitted by Guardians 30 days prior to camp session.

Camper Name: _____

Date of Birth: _____

Please list who to contact for emergency and/or medical questions in order of you would like to be contacted:

| | | | | |
|----------|--------------|----------------------|----------------|-----------------|
| 1 | Name: | Relationship: | Best #: | Other #: |
| 2 | Name: | Relationship: | Best #: | Other #: |

How does the camper take medications?

CRUSHED WHOLE G-TUBE OTHER: _____
w/WATER w/APPLESAUCE w/PUDDING

(If camper takes medications in something other than applesauce or pudding, please bring to camp)

Camp has the following **over-the-counter (OTC) medications** available, per standing orders. Please specify which of these medications your camper might use. May the following be given if the need arises?

| OTC Medications | YES | NO | OTC Medications | YES | NO |
|-----------------|-----|----|-----------------------------|-----|----|
| Acetaminophen | | | Anti-diarrheal | | |
| Ibuprofen | | | Antacid | | |
| Antihistamine | | | Miralax/Polyethylene glycol | | |
| Decongestant | | | Milk of Magnesia | | |
| Cough Syrup | | | Midol/Menstrual Relief Tabs | | |
| Melatonin | | | Saline Enema | | |
| Docusate sodium | | | Throat spray/lozenge | | |

Parent Signature: _____ **Date:** _____

For Campers Bringing Medications: CAMP MEDICATION REQUIREMENTS & INSTRUCTIONS

1. All medications (including over-the-counter medications) **MUST** come in original, pharmacy-packed containers, and need to be clearly labeled with:
 - a. Camper Name
 - b. Drug Name and Strength
 - c. Current Dosage and Times given
2. **The Camp Medical staff suggest** that you arrange for camper medications to be packaged in bubble-packed, pill-packed, or other pre-packaged forms from your pharmacy for their session at camp. Please request this at the time of your Camp Physical, and if you have already had your physical, please make a simple call to your Primary Care Physician (PCP) to request **“your prescription and regularly taken over-the-counter medications/supplements be filled for the camp sessions in bubble or pill packs.”** Most pharmacies are used to packaging medications in this manner, and will be able to do so for the dates requested.
3. All medications (prescription, over-the-counter, vitamins, and supplements) will be turned in and reviewed by the nurse during check-in.
4. Please provide enough medication for the duration of camp **plus 2 extra days**.
5. Please supply and label any specialty medical supplies necessary for the camper.
6. Unused medications/supplies will be returned on the day of departure.
7. **Any food, water, or formula passed through a G-tube must be included on the MAR with physician instructions.**
8. Please include any “rescue” medications, enemas, and other treatments that may need to be given at Camp.