

Dear Parent/Guardian of child attending camp/clinic at St. Lawrence University,

Thank you for choosing St. Lawrence University Summer Sports Schools. As part of your registration/check in process, you will need to have the following SLU Summer Sports Health Form completed with up-to-date immunization records. The Medication Form ONLY needs to be completed if your child will be taking medications while at camp. This includes both prescription and over-the-counter medications. Rescue inhalers and epi-pens can be kept with your child, but all other medications needs to be handed into the medical staff during check-in. The EMT/Nurse will have the medication and will have assigned location for medications to be taken. If your child takes medication at specified times each day, then you and your child will be made aware of the location to meet with the EMT/Nurse to distribute the medication. If your child has a medication to be taken as needed, then your child just needs to notify either their coach or medical staff and the EMT/Nurse will bring the medication to your child. ALL medication (even inhalers and epi-pens) need to have the attached Medication Form completed and signed by your physician.

When dropping off medications for camp. Medication MUST be in container it came in. If it is a prescription, the label should be clear, with the name of the medication on it, as well as the name for whom the medication is prescribed for. Over the counter medication needs to be in the container it came in with the name of the medication on the container. Daily pill bottles or loose medication will not be accepted. If possible, send your child to camp with only the amount of medication needed and keep extras at home. All medication will be returned at the end of camp, please stop by at your camp's closing announcements to pick up any leftover medication.

Some over the counter medication is kept at camp and is available to those campers who have permission to receive the medication (medication form is still required for this). If you wish for them to have access to this, please complete the medication form and submit it. You will not need to drop off extras of that medication as the EMT/Nurse will have some in stock.

Health and Medication Forms can be faxed to St. Lawrence University Athletic Training Department at 315-229-5414. Questions can be directed to your camp director or Nicole Williams, ATC at [nwilliams@stlawu.edu](mailto:nwilliams@stlawu.edu).

**Checklist of forms to be submitted:**

- Health Form** – Required (must have parent/guardian signature)
- Immunization Records** - Required
- Medication Form** – Only required if taking medications (either prescription or over-the-counter) while at camp. MUST have **PHYSICIAN** signature



St. Lawrence University  
Summer Programs Health Forms

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Gender: \_\_\_\_\_  
 \_\_\_\_\_

Program(s) Attending: \_\_\_\_\_ Commuter or Resident

Parent/Guardian Name: \_\_\_\_\_ Home / Cell Phone: \_\_\_\_\_  
 Relation to Camper: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Home / Cell Phone: \_\_\_\_\_  
 Relation to Camper: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Health Insurance Information:**

Company: \_\_\_\_\_ Plan Name: \_\_\_\_\_  
 ID #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Member Services Phone Number: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Personal History:**

	Yes	No		Yes	No
Ear, Eye, Nose Problems or Injuries			TB or Contact with Tuberculosis		
Asthma			Rheumatic Fever		
Diabetes Mellitus			Heart Problems		
Concussion			High Blood Pressure		
Head Injury			Irregular Heart Beats		
Muscle or bone problems or injuries			Chest Pain		
Gastrointestinal problems			Kidney problems		
Epilepsy			Neurological problems		
Fainting Spells			Daily Medications		

Explain ALL "yes" answers: \_\_\_\_\_  
 \_\_\_\_\_

List any operations/hospitalizations: \_\_\_\_\_  
 \_\_\_\_\_

List all allergies: \_\_\_\_\_

Other medical problems: \_\_\_\_\_

Any special dietary needs? If yes, please detail: \_\_\_\_\_

**Immunizations:** A copy of the camper's most current immunization record must be attached or the dates filled in below in order for the child to participate in this camp

	MM/DD/YYYY	MM/DD/YYYY
MMR (Measles, Mumps, Rubella) Two Immunizations		
DPT (Diphtheria, Pertussis, Tetanus) Date Series Completed		
TD (Tetnis, Diphtheria Boosters		
Haemophilus influenza type B		
Hepatitis B		
Varicella (Chicken Pox)		

I, \_\_\_\_\_ verify the above information to be true and give permission to the St. Lawrence University Health Service staff to treat my child as they deem appropriate. I also give permission for the release of medical information to the appropriate individual(s); (for example, physician, certified athletic trainer, etc.)

\_\_\_\_\_  
 Parent/Guardian Signature Relationship to Camper Date



St. Lawrence University  
Summer Programs Health Forms

Health Care Provider

Sections A, B, and C **must be completed by the primary health care provider** if the camper will be taking **any medication** while enrolled in the camp. Section D is to be completed by the parent or guardian.

**Section A:**

Camper's Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Camp(s) Child is attending: \_\_\_\_\_

**Section B:** The following over-the-counter medications are available at St. Lawrence University. **Health Care Provider must circle yes or no** if they wish to have their patient receive these as needed at the standard dosages and frequencies listed. Make any changes to dosage or frequency in the Comments column.

Medications	Route	Dosage	Frequency	HCP Order	Comments
Acetaminophen (Tylenol)	Oral (Tabs, chew tabs)	325mg-500mg	Every 4 hours as needed for pain or fever	YES / NO	
Ibuprofen (Advil/Motrin)	Oral (Tabs)	200mg-400mg	Every 6 hours as needed for pain	YES / NO	
Pepto-Bismol	Oral (Liquid, chew tabs)	15mL-30mL (as directed on package)	Every 30 minutes up to 1 hour as needed for diarrhea	YES / NO	
Benadryl	Oral (Liquid, tabs, or chew tabs)	25mg-50mg	Every 4-6hrs for allergic reactions (hives, insect bites)	YES / NO	

**Section C:** Health Care Provider's Order for Prescription Medication and Non-Prescription Medications Not Provided by the camp.

Diagnosis	Name of Medication	Route	Dosage	Frequency

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Authorization to carry EPI Pen / Rescue Inhaler Only**

Condition	Medication (Circle one)	Health Care Provider's Signature	Parent/Guardian's Signature
	EPI PEN / Rescue Inhaler: (Name)		
	EPI PEN / Rescue Inhaler: (Name)		

**Section D:** To be completed by the parent or guardian.

I give permission for my child \_\_\_\_\_ to receive the medication(s) as prescribed above by our licensed health care provider. The medication listed in Section B is to be provided by me in the **properly labeled original container from the pharmacy**. Medication listed in Section C will be provided by St. Lawrence University Summer Camps. I understand that my child will be supervised by the St. Lawrence University Summer Camp Health Staff in taking his/her own medications.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Staff Use Only:	Medication Received:	YES	NO	Date Received:
Medical Staff Signature:				