

**MAINE FIDDLE CAMP
HEALTH and SAFETY FORM**

please complete one for each **UNACCOMPANIED MINOR** camper

Camper name: _____ Gender M/F/NB _____

Camper date of birth: _____ Parent/ Guardian phone # _____

Camper address: _____

Primary Care Provider name/ phone#: _____

Allergies to food/ medications: _____

Medical conditions: _____

Note: all medications, both emergent and daily, must be self-administered by camper or parent/ guardian

FOR UNACCOMPANIED MINOR CAMPERS ONLY

By signing below, I agree to the following:

Should my child require Acetaminophen (Tylenol) by mouth for pain/ fever/ or injury, I give permission for the camp Registered Nurse (licensed in Maine) to provide 15mg/kg body weight dosing every 4 hours as needed, with phone call notification following each event.

Signed(parent/ guardian) _____ Date _____

If my child is ill or injured, a decision post-triage may be made to send the camper home. I will be able to pick up my camper, or make arrangements to pick up, within 6-8 hours. If the child requires emergent hospitalization, I give permission to transport the the nearest facility.

Signed (parent/guardian) _____ Date _____

Medical Insurance Company: _____

IF MY UNACCOMPANIED MINOR CHILD REQUIRES EMERGENT EPIPEN OR INHALERS:

I understand that there is a separate form that a medical doctor or D.O. must sign, acknowledging that the camper will have knowledge and ability to self administer any emergent medications. I have completed the separate form and will submit it to Maine Fiddle Camp for their records.

Signed: _____ Date _____

Camp Nurse review: _____ Date: _____