



## Be WISE CAMP HEALTH INFORMATION

- Campers and parents will meet briefly with one of the nurses upon arrival to camp if there are any questions regarding medication, allergies or health concerns.
  - Specific health concerns should be discussed with the camp nurse *prior* to camp. When submitting camp application, please send a note if you have specific questions or concerns for the camp nurse. She will contact parent by phone prior to camp. Examples of health concerns which should be discussed with camp nurse in advance are:
    - Asthma
    - Diabetes
    - Social/emotional/mental health concerns
    - Severe allergies to foods, medications or environmental allergens
    - Recent surgeries, hospitalizations or health concerns
- A registered nurse is on campus at all times. The camp nurse can be contacted by a staff member or counselor at any time for illness or injury care.
- Parents will be notified if camper becomes ill. Urgent care treatment is available at Genesis Primary Care, 1 East Main Street, Ste.200B, New Concord, OH and emergency care treatment to Genesis Hospital, 2951 Maple Ave., Zanesville, OH.

### **MEDICATION at CAMP**

- All medication must be turned in to the camp nurse upon arrival to camp.
- No medication may be kept by campers in the dorm rooms, with the exception of emergency medication such as asthma inhaler, Epi-Pen or similar epinephrine auto-injector and insulin.
- The nurse administers ALL medications in the Health Center in the dorm before breakfast, lunch, dinner and at bedtime.
- CBD of any kind including but not limited to any form of a cannabis or THC/Delta 9 derivative will not be permitted at Be WISE Camp. If any is brought or found, it will be sent back home with parents or locked in nurse's room until end of camp. It will NOT be administered. Please call camp nurse with questions.

## **OVER THE COUNTER (OTC) MEDICATION**

- The following Over-the-Counter (OTC) medications are available for the RN to administer at her discretion with parent authorization:
  - Ibuprofen tablets
  - Acetaminophen (Tylenol) tablets
  - Pepto-Bismol or Imodium AD for diarrhea
  - Diphenhydramine (Benaryl) for allergies *both liquid and tablet will be available*
  - Robitussin and cough drops
  - Antacid chewable (Tums)
  - Hydrocortisone for skin irritations
- Any other OTC medication your camper may need routinely or on an "as needed" basis must be provided by parent, authorized on the over the counter medication form, and checked in with nurse upon arrival.
- All OTC medication must be delivered in the manufacturer's original package and labeled with camper name.
- Parents, if your child requires liquid medication (they are unable to swallow a pill), please provide the liquid form of any medication you approve.

## **PRESCRIPTION MEDICATIONS**

- All prescription medication must have a **Prescription Medication Authorization** form (included).
- All **prescription medication** must **be pharmacy labeled** complete with:
  - Camper name, name of medication, dosage instructions/time medication is to be delivered.
- Prescription bottle must be current. No expired medication will be accepted at camp.
- Only one medication, same dosage per prescription bottle.
- All epinephrine auto-injectors must be current and labeled. Any camper with an Epi-Pen must provide a current **Allergy Action Plan** and a back-up second Epi-Pen to be kept with the camp nurse.
- All asthma inhalers must be current and labeled. All campers prescribed an inhaler must provide a current **Asthma Action Plan**. If camper will be carrying her inhaler with her, a backup inhaler will be provide to be kept with camp nurse.
- All students with diabetes must provide a current **Diabetes Action Plan/ Diabetes Medical Management Plan**. Meet with the camp nurse to discuss the plan and check in supplies: Insulin syringes, insulin pens/needles and/or insulin pump supplies, glucometer, test strips, ketone strips, glucagon, quick-acting glucose supply.
- **All new prescription(s), after medical form was turned in**, please make sure you have a **Prescription Medication Authorization** form (included).

# BE WISE CAMP

## PERSONAL HEALTH AND MEDICAL SUMMARY

The purpose of this form is to enable parents and guardians to authorize emergency treatment for children who become ill or injured while under the Be Wise Camp authority, when parents or guardians cannot be reached. Please be sure to complete each blank.

Camper Name: <i>(Last Name, First Name)</i>	Primary Emergency Phone: <i>(This number will be called first in the event of an emergency)</i>
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Student Address: <i>(Street, City, State, Zip)</i>
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Grade Level in the fall:	Date of Birth:
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### PARENT OR LEGAL GUARDIAN CONTACTS:

Mother/Legal Guardian:	*Cell Phone:	Work Phone:
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*Mother's Email Address :
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Mother's Address: <i>(only if different from student)</i>
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Father/Legal Guardian:	*Cell Phone:	Work Phone:
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*Father's Email Address :
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Father's Address: <i>(only if different from student)</i>
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### IF PARENTS ARE DIVORCED OR SEPARATED:

Who has legal (court appointed) custody? _____	
Is there a legal restraining order in effect? ___ Yes ___ No	If yes, the restraining order is against whom? _____

Check below any **CURRENT** health conditions that may require attention during the week at camp:

- |   |   |
|---|---|
| <input type="checkbox"/> Allergies (be specific)<br><input type="checkbox"/> Food _____ EpiPen? ___ Yes ___ No<br><input type="checkbox"/> Insect Stings _____ EpiPen? ___ Yes ___ No<br><input type="checkbox"/> Medications or Other ( <i>list</i> ) _____ EpiPen? ___ Yes ___ No | <input type="checkbox"/> Concussion(s)/head injury – date(s) _____  |
| <input type="checkbox"/> Asthma or other Respiratory Condition( <i>describe</i> ) _____<br>_____<br>• Has an emergency inhaler ___ Yes ___ No<br>• The inhaler will be at camp ___ Yes ___ No   | <input type="checkbox"/> Seizure Disorder _____<br>Currently on medication for seizures? ___ Yes ___ No                                     |
| <input type="checkbox"/> Cancer ( <i>specific</i> ) _____<br>_____<br><i>Treatment / Surgery dates</i> _____  | <input type="checkbox"/> Physical Disability or Mobility Limitations _____<br><i>List/describe</i> _____                                    |
| <input type="checkbox"/> Diabetes _____   | <input type="checkbox"/> ADD <input type="checkbox"/> ADHD  |
| <input type="checkbox"/> Heart Condition ( <i>specific</i> ) _____<br>_____   | <input type="checkbox"/> Social / Emotional / Behavioral concerns _____<br><i>List/describe</i> _____                                       |
| Any current restrictions? ___ Yes ___ No  | <input type="checkbox"/> Hearing Problems<br><input type="checkbox"/> Hearing Aids<br><input type="checkbox"/> Other / describe _____       |
| <i>Please list restrictions:</i>  | <input type="checkbox"/> Vision Problems<br><input type="checkbox"/> Glasses or contacts<br><input type="checkbox"/> Other / describe _____ |

Surgeries:
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PLEASE COMPLETE SIDE TWO AND SIGN

Medications taken on a routine basis (include name, dosage, time of day med is taken):

Other health information the camp should be aware of:

**CAMPERS ARE EXPECTED TO PROVIDE THEIR OWN MEDICAL INSURANCE.** Muskingum University does not assume direct responsibility for health care of those who are using the facilities of the university for summer programs. A registered camp nurse is on call 24 hours a day. In the event of injury or illness, campers will be transported to Genesis Primary Care, 1 East Main Street, Ste.200B, New Concord, OH and emergency care treatment to Genesis Hospital, 2951 Maple Ave., Zanesville, OH.

### TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, **I DO** hereby give my consent for: 1) EMS transportation of my child to any reasonably accessible hospital: 2) the administration of emergency treatment deemed necessary by licensed emergency physicians or licensed emergency medical first responders.

This authorization does not cover major surgery unless the medical opinions of two other physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Current Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

Student is covered by \_\_\_\_\_ Identification number \_\_\_\_\_

(Date)

(Parent or Guardian Signature)



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**MAIL FORM TO: Jessica Kuhner**  
**688 Brevard Circle**  
**Pickerington, OH 43147**

# Be WISE CAMP



## OVER THE COUNTER MEDICATION AUTHORIZATION

Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Does this camper have any allergies to medication, food or environmental allergens? Please list and describe reaction and treatment: *Ex: Bee Sting allergy. Epi-pen & Benadryl see allergy plan*

\_\_\_\_\_

\_\_\_\_\_

The below listed medication will be available to be administered by the camp nurse with parent consent. Parents must authorize each medication by initialing next to medication name.

Parent initial to consent	Name of medication	Notes or comments
	Ibuprofen (Advil or Motrin) for pain or inflammation	
	Acetaminophen (Tylenol) for pain	
	Imodium AD or Pept -Bismol for diarrhea	
	Diphenhydramine (Benadryl) for allergies	
	Robitussin or cough drops	
	Antacids (Tums or Rolaids)	
	Topical: Antibiotic ointment, Aloe gel for sunburn, Benadryl spray or cream	

If your camper will need any OVER THE COUNTER medications other than those listed above, please list medication below and delivery it to the camp nurse upon arrival to camp. All medication must be manufacturer's original packaging and labeled with camper name.

Name of medication	Dose	Time to be given	Reason for medication
<i>EXAMPLE: Claritin</i>	<i>One tablet by mouth</i>	<i>One a day at bedtime</i>	<i>For allergy symptoms</i>

Parent Name (print) \_\_\_\_\_ Parent Signature \_\_\_\_\_

Parent Phone #1 \_\_\_\_\_ Parent Phone #2 \_\_\_\_\_



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## Be Wise Camp

# PRESCRIPTION MEDICATION AUTHORIZATION

**\*\*submit one physician-signed authorization form for each individual prescription med\*\***

Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Prescription medication name:

\_\_\_\_\_

Dosage/route: \_\_\_\_\_

Time medication to be given: \_\_\_\_\_

Any special instructions or side effect precautions:

\_\_\_\_\_

\_\_\_\_\_

Physician/Prescriber Name (print); \_\_\_\_\_

Physician/Prescriber Signature: \_\_\_\_\_

Physician Phone number: \_\_\_\_\_



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# Muskingum University Campus Transport Permission Slip for Be WISE Camp

## Transportation notice:

In Emergency situations, such as severe weather or medical needs, your camper could be transported by a Be WISE staff member.

Our insurance dictates that in order for us to transport your camper as stated above, we need parents to sign the permission slip below. Please tear off the slip, sign it, and send it to Jessica Kuhner by May 15<sup>th</sup>. Thank you.

Jessica Kuhner  
Camp Director

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## Campus Transport Permission Slip

\_\_\_\_\_  
(Camper Name)

I have read the material above and I give permission for \_\_\_\_\_  
to be transported as stated above.     Yes  No

\_\_\_\_\_  
(Parent/Guardian Signature)

**Send slip by mail or electronically by MAY 15<sup>th</sup>**

**to:** Jessica Kuhner  
688 Brevard Circle  
Pickerington, OH 43147



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## Be WISE Camp WEBSITE/DVD PERMISSION SLIP

In January 2005, Be WISE Camp established its own website. Through this website, information about camp is disseminated faster than using other forms of communication. Questions about camp are answered rapidly for campers and prospective campers alike. In June, 2007, we produced our first camp DVD. Pictures of campers doing various activities can be found on both the website and DVD.

We will be sending Be WISE emails with camp information and photos plus we will be posting on Be WISE Camp Twitter and Instagram.

The staff of Be WISE Camp would like to continue producing photos for the website, DVD, parent Be WISE emails, Brochures, Twitter and Instagram. In order for us to do so, we need parents to sign the permission slip below. Please tear off the slip, sign it, and send it to Jessica Kuhner by May 15<sup>th</sup>. Thank you.

Jessica Kuhner  
Camp Director

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WEBSITE/DVD PERMISSION SLIP

\_\_\_\_\_  
(Camper Name)

I have read the material above and I give permission for \_\_\_\_\_ to be included in photographs:

- to be used on the Be WISE Camp/DVD and Be WISE emails \_\_\_\_\_ Yes \_\_\_\_\_ No
- to be used on Be WISE Camp website, Twitter and Instagram accounts. \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent email address: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

**Send slip by MAY 15 to:**

Jessica Kuhner  
688 Brevard Circle  
Pickerington, Ohio 43147



# Be WISE Camp

## WHAT TO BRING

Be prepared to handle all kinds of weather-warm/cool, rain/shine. Old clothes that are comfortable, durable and washable are recommended. Remember the camp is for 5 DAYS.

- \_\_\_ alarm clock
- \_\_\_ soap, comb and/or brush, toothbrush, toothpaste, deodorant, etc.
- \_\_\_ jeans
- \_\_\_ shorts (including an old pair for stream or pond)
- \_\_\_ sweater, sweatshirt, and/or jacket
- \_\_\_ shirts
- \_\_\_ socks (1 pair per day and one old pair for pond or stream.)
- \_\_\_ pajamas
- \_\_\_ underwear
- \_\_\_ rain gear (poncho or raincoat) (poncho works best for pond and stream)
- \_\_\_ 1 pair tennis shoes plus 1 old pair tennis shoes or wading boots for stream or pond.
- \_\_\_ flashlight with new batteries
- \_\_\_ 3 plastic garbage bags for dirty clothes and room trash
- \_\_\_ wide mouth reusable water bottle
- \_\_\_ camera
- \_\_\_ bedding for XL twin (sheets, blankets, pillow with cover)
- \_\_\_ hand and bath towels

## OPTIONAL EQUIPMENT

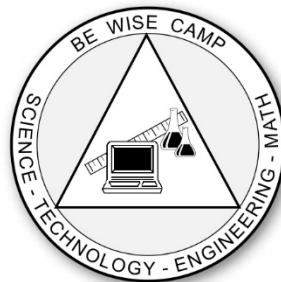
- \_\_\_ slippers
- \_\_\_ hair dryer
- \_\_\_ suntan lotion
- \_\_\_ bug repellent
- \_\_\_ stamps
- \_\_\_ sanitary supplies if needed
- \_\_\_ shower caddy
- \_\_\_ flip flops for shower

## WHAT NOT TO BRING

- \_\_\_ Snacks (food, including gum. Attracts bugs)
- \_\_\_ Radios, mp3 players, ipods, ipads, Notebooks
- \_\_\_ Slick bottomed shoes or backless sandals
- \_\_\_ **cell phones**

## PLEASE NOTE:

**BE SURE TO LABEL ALL OF YOUR THINGS.**



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