

Acadia Mountain Guides Climbing School CAMPER SUPPLEMENTAL HEALTH RECORD

Participant Last Name: _____ First Name: _____ Birthdate: _____

Immunization Record: Please provide the month and year for each immunization or attach a separate record.

	Dose 1	Dose 2	Dose 3	Dose 4	Provider
Diphtheria, Pertussis, Tetanus					
DPT Booster (w/in 5 years)					
Meningococcal Vaccine					
Pneumococcal Vaccine					
Measles, Mumps, Rubella					
Polio Virus					
Hepatitis A					
Hepatitis B					
Varicella					
Hemophilus B Influenza					
COVID 19					

If any of the immunizations listed above have not been received, please explain why. A medical exemption requires a written statement from a licensed physician, nurse practitioner or physician assistant indicating that immunization against one or more of the diseases may be medically inadvisable. Philosophical or religious exemptions require a sincere written statement explaining the opposition to immunization.

Please check all that apply. Describe below or attach a separate note to describe any condition that requires special attention by the health care team at camp. A physical may be required by Acadia Mountain Guides, Inc.

This camper has no chronic health concerns.

This camper has the following chronic health concerns:

- | | | |
|--|--|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Lactose Intolerance |
| <input type="checkbox"/> Seizure Condition | <input type="checkbox"/> Asthma | <input type="checkbox"/> Knee, Ankle or Back problems |
| <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Eczema/Hives or Other Skin condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent Colds / Infections | <input type="checkbox"/> Other (please describe) |

- This camper has been diagnosed with Attention Deficit Disorder (ADD) or (ADHD)? No Yes, please describe
- This camper has seen or is currently seeing a professional to address a diagnosed mental health concern? No Yes, please describe
- This camper has or has had a recent emotional health concern? No Yes, please describe

MEDICATIONS Please list all prescription medications that your child will be taking while at camp.

Medication	Dose	Frequency	Time(s) to be given	w or w/o food
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OVER THE COUNTER MEDICATIONS

Acadia Mountain Guides, Inc. stocks many over-the-counter (OTC) medications in tablet, chewable and liquid form. You do not need to send OTC meds to camp. Unless specifically contra-indicated, we will administer OTC meds from our stock. If there are any OTC medications that your son absolutely should not have, for example, due to allergy or prescription drug interaction, please list those medications below:

Acadia Mountain Guides Climbing School

PRIMARY HEALTH CARE PROVIDER FORM APPROVAL FOR SELF-ADMINISTERED EMERGENCY MEDICATION

As the primary health care provider for _____ (Camper Name), during their time at camp, the above listed camper is permitted to have readily available (carry or possess outside of the regular supervision of the camp's health staff) and self-administer as medically necessary: (Circle all that apply or list other emergency self-medication device.)

a. Asthma Inhaler b. Epinephrine Pen c. Other (please list) _____

I have read the State of Maine Law below, and confirm that the camper has the knowledge and the skills to have readily available and safely self-administer the indicated emergency medication in camp.

Primary Healthcare Provider signature

Date

USE OF SELF-ADMINISTERED EMERGENCY MEDICATION

As the parent or guardian of _____ (Camper Name), during their time at camp, the above listed camper is permitted to have readily available (carry or possess outside of the regular supervision of the camp's health staff) self-administer as medically necessary: (Circle all that apply or list other emergency self-medication device.)

a. Asthma Inhaler b. Epinephrine Pen c. Other (please list) _____

I have read the State of Maine Law as listed below, and confirm that my child has the knowledge and the skills to safely have readily available and self-administer the indicated emergency medication in camp.

Parent or Guardian signature Date

Date

Summary of Maine Law on Self Administration of Emergency Medications

Recreational camps for children; emergency medication. A recreational camp for boys or girls must have a written policy authorizing campers to self-administer emergency medication, including, but not limited to, an asthma inhaler or an epinephrine pen. The written policy must include the following requirements:

- A. A camper who self-administers emergency medication must have the prior written approval of the camper's primary health care provider and the camper's parent or guardian;
- B. The camper's parent or guardian must submit written verification to the camp from the camper's primary health care provider confirming that the camper has the knowledge and the skills to safely self-administer the emergency medication in camp;
- C. The camp health staff must evaluate the camper's technique to ensure proper and effective use of the emergency medication in camp; and
- D. The emergency medication must be readily available to the camper.

The full statute may be viewed at: <http://janus.state.me.us/legis/statutes/22/title22sec2496.html>

