

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 yrs)					
Meningococcal Vaccine					
Pneumococcal Vaccine					
Measles, Mumps, Rubella					
Polio Virus					
Hepatitis A					
Hepatitis B					
Varicella					
Hemophilus B Influenza					
Corona Virus					

A camp exemption requires a written statement from a licensed medical provider indicating that immunization against one or more of the diseases may be medically inadvisable. Philosophical or religious exemptions require a written statement.

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:

☐ Headaches

☐ Bedwetting

☐ Lactose Intolerance

☐ Seizure Condition

☐ Asthma

☐ Knee, Ankle or Back problems

☐ Heart murmur

☐ Sleepwalking

☐ Eczema/Hives

☐ Diabetes

☐ Frequent Colds / Infections

☐ Other (please describe)

Diagnosed with Attention Deficit Disorder (ADD) or (ADHD)?

☐ No

☐ Yes, please describe

Is currently being seen 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	Purpose	Dose / Route / Time	Notes

OVER THE COUNTER MEDICATIONS: Acadia Mountain Guides, Inc. stocks many over-the-counter (OTC) medications. You do not need to send OTC meds to camp. If there are any OTC medications that your child should not have due to allergy or drug interaction, please list:

Parent Signature: _____ Date: _____

Reviewed by AMG Nurse: _____

MEDICATION SELF-ADMINISTRATION APPROVAL

PRIMARY HEALTH CARE PROVIDER APPROVAL FORM FOR SELF ADMINISTRATION OF EMERGENCY MEDICATIONS

As the primary health care provider for _____, the 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: _____

Print Name: _____

PARENT / GUARDIAN APPROVAL FORM FOR SELF ADMINISTRATION OF EMERGENCY MEDICATIONS

As the parent or guardian of _____, the 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 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.

Parent / Guardian Signature

Print Name

Date

State of Maine Requirements for Self-Administration of Emergency Medications By Camper

Campers are permitted to have readily available (carry or possess outside of the regular supervision of the camp's health staff) and to self-administer emergency medications only where the following conditions are met:

- A. Any 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; and
- C. The camp health staff must evaluate the camper's technique to ensure proper and effective use of the emergency medication in camp.
- D. The emergency medication must be readily available to the camper.

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

If the medication is within the Wilderness First Responder scope of training then any WFR certified (or higher) camp leader may evaluate technique. If medication is outside the WFR scope of practice (ie insulin) then technique must be evaluated by Jon (RN) or Heather (RN).