

About Camp Barrett

The purpose of Elks Camp Barrett's camping program is to provide experiences for the camper such as:

- group living in outdoor surroundings
- recreational oriented activities that emphasize physical, mental, social and emotional growth
- opportunities for character development
- self worth development
- self-improvement by working with and helping others

The goals of the program are to:

- develop campers appreciation and knowledge of themselves and peers
- develop leadership through creative adventure and activities
- provide leadership that will be an example of the principles of Charity, Justice, Brotherly Love, and Fidelity



What is Elks Camp Barrett?

Elks Camp Barrett is a camp designed to help young people of all backgrounds develop and grow by affording the opportunity of getting outdoors for adventure and fun. It is operated by the Elks Association of Maryland, Delaware, and the District of Columbia. Campers are sponsored by local Elks Lodges and a portion of the cost of camp is covered by that sponsorship.

Who can go to camp?

Any youth between the ages of 9 and 13 from the Maryland, Delaware, or Washington D.C. area is eligible. They do not have to be needy, but should be worthy and deserving or one who would not otherwise have such an opportunity for a camping experience.



Campers ages 14-17
Camp Barrett partners with Camp Fire USA to deliver program to youth ages 14-17 years of age. These young

people participate in a variety of leadership activities geared help teens build assets. Programs include Teen CERT Training, Camper in Leadership Training, and Points of Light/Teens in Action Training. There are fees for participation in these programs and they require special registration. If you are interested you may receive more information by emailing campfirepatuxent@aol.com.

What is camp like?

While at the Elks Camp Barrett, the campers are divided into individual groups with their own cabins. Their activities are under the supervision of counselors, which assures more personal care. Some of the activities are various Sports, Arts & Crafts, Nature Study, Archery and a closely supervised Rifle Range, to name a few. Meals are carefully prepared to be tasty and nutritious. Health Staff is on the property, or on call at all times.



When is camp?

The camping season is from late June to late August in one week sessions.. **The campers begin to arrive on Sunday at 1:00 PM and are on their way home by 7:00 PM on Friday Evenings.** We host a family picnic and awards ceremony at 5 PM on Fridays and invite all campers families to participate in our closing events. **2010 dates are as follows:**



Staff Week	June 15=19
Boy Week #1	June 20-25
Boy Week #2	June 27-July 2
Boy Week #3	July 4-9
Girl Week #1	July 11-16
Girl Week #2	July 18-23
Girl Week #3	July 25-30
Special Olympics—done in Partnership with MD Special Olympics	Aug 1-5

Contact Information

Camp Barrett is operated by the Elks Association of Maryland, Delaware, and the District of Columbia. Camp Barrett is located in Crownsville MD on over 140 acres of woodlands, creeks, and open spaces.

Camp Physical Address: 1001 Chesterfield Road, Annapolis, MD
Camp Mailing Address: PO Box 258, Crownsville MD 21032
Camp Phone Number: 410-224-2945
Camp Fax Number: 410-224-4558
Camp Email: Elkscb@verizon.net
Camp Administrator: Stu Kerr

Camp Barrett can be rented for special events, training or group camping programs.

Site Visit: If you would like to visit Camp Barrett, please contact our Camp Administrator at the number listed above.

Keys: Our Custodian on site will open any buildings or areas to which you have access
Telephone: There is a pay phone at the north side of the hall for outgoing calls.
Parking: Camp Barrett has ample parking for activities and programs.



Emergency Contact Information

Hospital: Anne Arundel Medical Center, 2001 Medical Parkway, Annapolis MD 21401
Phone: 443-481-1000
Police 911 for Anne Arundel Police
Fire/Ambulance 911
Maintenance: Contact Custodian on Site- Larry Sager

Elks Camp Barrett Information Sheet 2010

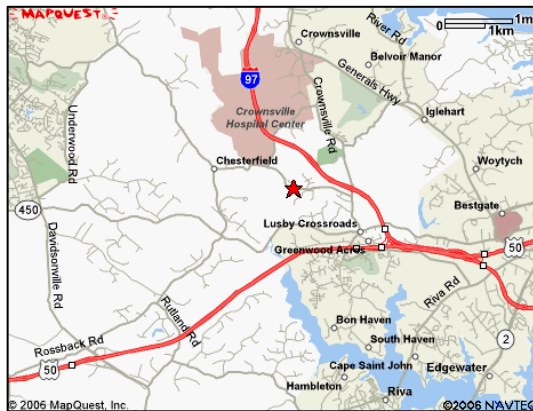
Directions to Elks Camp Barrett

From the west, Washington, and Virginia

Get on the Beltway from I-270 or I-95 north. Take Route 50 east toward Annapolis. Take the exit for MD Route 3 going north. After about one mile, turn right onto MD Route 450, also known as Defense Highway. Drive 3.5 miles east. Turn left on St. Stevens Church Road. (This is a T intersection, Rutland Road will intersect on the right 100 feet further east.) Drive north half a mile. Turn right on Chesterfield Road. Note the sign to Elks Camp Barrett. Drive half a mile to the camp's main gate entrance at the peak of the hill on the right.

From Charles and Prince George's counties in Maryland

Take MD Route 301 north. Take the exit for MD Route 3 north, which is straight ahead. About 1 mile north turn right on to MD Rt 450, Defense Highway. Drive 3.5 miles east. Turn left on St. Stephens Church Road. (This is a T intersection, Rutland Road will intersect on the right 100 feet further east.) Drive north half a mile. Turn right on Chesterfield Road. Note the sign to Elks Camp Barrett. Drive half a mile to the camp's main gate entrance at the peak of the hill on the right.



From Calvert and St. Mary's counties in Maryland

Take MD Route 4 north past the town of Prince Frederick. Exit right and take Route 2 north toward Annapolis. Take a left onto MD Route 242, which is Birdsville Road, about two miles before the commercial area starts on Route 2 after it intersects with Route 214. After about ten miles, turn right onto MD Route 450, also known as Defense Highway. Drive 3.5 miles east. Turn left on St. Stevens Church Road. (This is a T intersection, Rutland Road will intersect on the right 100 feet further east.) Drive north half a mile. Turn right on Chesterfield Road. Note the sign to Elks Camp Barrett. Drive half a mile to the camp's main gate entrance at the peak of the hill on the right.

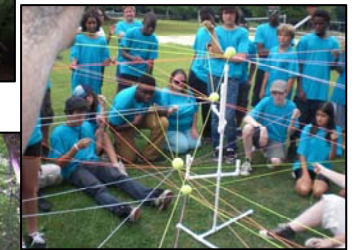
From Baltimore and the north



Take I-97 south toward Annapolis. Take exit 5 for Crownsville, which puts you on Route 178, Generals Highway south. Turn right at the third traffic light onto Crownsville Road. About one mile down the road, turn right onto Hawkins Road. Look for the Elks Camp Barrett sign. Follow Hawkins past the new development and the Pine Tree enclave on your left. Slow down and prepare to stop at the bottom of the hill. Cross the road carefully to the camp gate straight ahead.

From the Bay Bridge and Eastern Shore

Take exit 23B for Route 450, Crownsville. Turn left at the light. At the next light turn left again onto Route 450 west. Drive about two miles, and at the second light turn right onto Crownsville Road. Go 0.4 miles to Chesterfield Road. There will be a camp sign on the right. Turn left and go 1.4 miles to Hawkins Road. The camp gate is on the left.



Elks Camp Barrett is a project of the Elks of Maryland, Delaware and the District of Columbia.

1001 Chesterfield Road, Annapolis, MD 21401

Clothing and Supplies for Camp

(All clothing and supplies, except bedding, should fit into one suitcase, trunk, or duffle)



Please Mark and Label all of your child's clothing and belongings so that they can be returned home

- 6 changes of underwear
- 6 shirts
- 2 sweaters or sweat shirts
- 1 raincoat or poncho
- 2 swim suits
- 1 pair of long pants
- 8 pairs of socks
- 6 pairs of shorts
- 2 pairs of shoes or sneakers –Closed toe—no croc's
- 2 pairs of pajamas
- 1 sleeping bag, or two blankets
- 2 sheets
- pillow and case
- 1 toothbrush and toothpaste
- 3 towels—One beach towel for the pool plus a wash cloth
- 1 bar of soap in a plastic container/Comb and Brush



CAMP

- 1 bottle shampoo and conditioner in plastic bottles
- 1 bag (canvas or net) for dirty laundry and a plastic bag
- 1 container sunscreen-plastic bottle
- 1 bottle insect repellent(plastic pump)
- 1 flashlight and extra batteries for flashlight
- Hair ties/bandanas for long hair
- 1 water bottle, with name on it
- 1 pen or pencil and 1 self-addressed stamped postcard

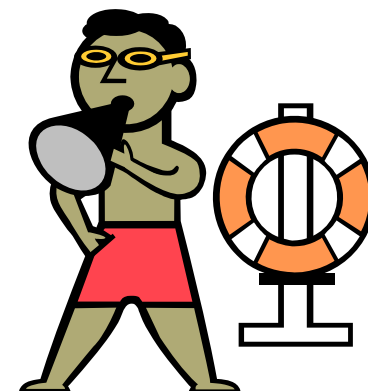
Optional Items:

Swim goggles, baseball glove, hat, musical instruments. small notebook/journal, sunglasses, flip flops/water shoes for shower/pool, book, glasses, deodorant, sanitary supplies if needed

Do Not Bring:

Cell phones, food, candy, gum, electronic devices (such as Game Boys or X-boxes, radios, recorders) hairdryer, curling iron, watches, jewelry, or money.

DO NOT BRING SHARP OR DANGEROUS ITEMS OF ANY KIND, INCLUDING SCISSORS, NAIL CLIPPERS, METAL FILES, OR POCKET KNIVES.



Arrival Instructions

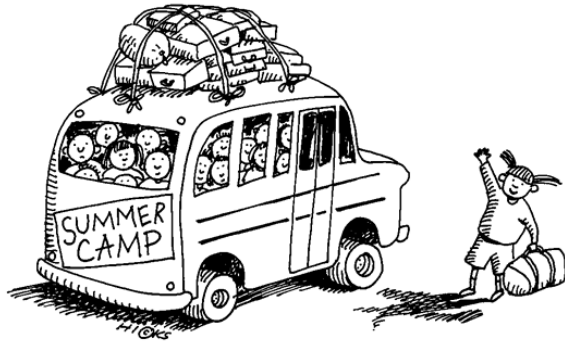
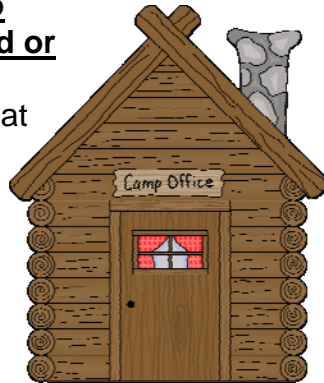
Parents or Guardians are responsible for arranging for your child to arrive at Elks Camp Barrett. Campers and parents are expected to arrive

by 1:00 p.m. on the first day of your child will attend the camp. (Always Sunday of the week)

Please check with your lodge representative about how your child will get to camp. Some lodges run buses for the children they sponsor. Other lodge representatives take the children. In most cases, parents drive their children to camp.

You should expect to be at camp for approximate 3 hours to check your child in, meet with staff, tour the camp, and assist you child in getting settled.

Supper is the first meal served to campers for the session. No food or drink will be available during the check in period. Please ensure that your child has eaten lunch prior to arrival. You may want to bring a snack and cold drink for you and your child while you are waiting to check-in.



CAMP

You or a lodge representative who is responsible for your child must remain at the camp until the camp nurse has cleared your camper. Only when the nurse has signed off, will your child be considered properly enrolled in the camp program. We expect parents to supervise their children during check-in. Parents should not leave their child/ren unattended during the registration process. We are grateful for your patience and cooperation during this very important time. We want to make sure we have all the information necessary to provide your child a positive camp experience.

Contact your Sponsoring Lodge or Program Representative if you have questions or problems.

Representative _____

Phone _____

Elks Lodge _____

Phone _____

Address _____



Camp Barrett Summer Registration _____ Year

Complete both sides of this form and mail to: Elks Camp Barrett, PO Box 258, Crownsville, MD 21032
No faxes, please. One form per child. Download additional forms or register on-line:
www.elksamphttp://www.mddedcelksassn.org/Camp%20Barrett/Elks%20Camp%20Barrett.htm
If you have questions, please call the registration office, 410-224-2945 Your personal information will NOT be sold or shared with other organizations.

CAMPER INFORMATION

Camper's Name _____ Family Last Name _____
 Camper's Address _____ Date of Birth _____
 City State Zip _____ Grade in fall _____
 Home Phone _____ Other Phone _____ School attending in fall _____
 With whom does the child live? _____ Does the child participate in other Youth Programs or activities? ___ Yes ___ No
 Any recent changes in family or living arrangement? _____ If so, which one(s)? _____
 Birthdate ___ / ___ / ___ (mo/day/yr) Gender: ___ Boy ___ Girl
 Name your child wishes to called at camp _____

Number of summer's child has attended Camp Barrett: _____
How did you hear about Camp Barrett? _____
Which Elks lodge is the Sponsor? _____

LOCAL EMERGENCY CONTACTS *Authorized to act on behalf of parent(s) if they cannot be reached.*

Name: _____ Home Phone: _____
 Other Phone _____ Relationship to camper: _____
 Name: _____ Home Phone: _____
 Other Phone _____ Relationship to camper: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 (Primary): Relationship to camper: _____

Name: _____ Employer: _____
 Day Phone _____ Evening Phone: _____
 Address: City _____, State: _____ Zip: _____
 Cell Phone: _____ E-mail Address _____

Parent/Guardian 2: Relationship to camper: : _____

Name: _____ Employer: _____
 Day Phone _____ Evening Phone: _____
 Address: City _____, State: _____ Zip: _____
 Cell Phone: _____ E-mail Address _____

DEMOGRAPHICS (optional) *Completing the information below correctly helps Elks Camp Barrett seek & receive funding from the community. Camp Barrett activities are open to all without regard to race, gender, creed, national origin, sexual orientation, economic status, or mental or physical disabilities.*

Status of Head(s) of Household:
 ___ Married (two parent) ___ Immigrant or Refugee from _____ \$45,001-\$55,000 ___ \$55,001-\$75,000
 ___ Single Parent ___ Guardianship **Household Income:** \$75,001-\$100,000 ___ \$100,001-\$150,000
 ___ Partnership ___ Foster Parent ___ \$Under 15,000 ___ \$15,001-\$25,000 \$150,000
 Number in Family _____ ___ \$25,001-\$35,000 ___ \$35,001-\$45,000 ___ \$150,001-\$200,000 ___ \$200,001 and up
 Child's Ethnicity _____

SESSION SELECTION:

Boys _____ PROGRAM Sessions Girls _____
 1st Choice _____ 1st Choice _____
 2nd Choice _____ 2nd Choice _____
 3rd Choice _____ 3rd Choice _____
 PROGRAM Special Olympics _____

If first choice is full, place my child on wait list

CAMPER'S BASIC HEALTH INFORMATION (YOU MUST ALSO COMPLETE A CAMP HEALTH FROM AND PHYSICAL)

Please attach a note with any other information that will help us work with your child.

- | | | |
|---|---|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> PKU | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies (list all allergies plus reaction and treatment): |
| <input type="checkbox"/> Gluten Intolerance | <input type="checkbox"/> Epilepsy or Seizures | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Sleep disorder | |

Medications (list all):

Will this be the child's first time away from home overnight? Yes No Is child apprehensive about camp? Yes No Comments _____

Is there anything we need to know about your child to facilitate a fun and successful time at camp?

Describe any unusual family circumstances the Camp Director, Health Care Staff or Counselor should know about:

For items below, please call camp before enrolling your child to discuss how we can best work with him/her.

- | | | |
|---|--|---|
| <input type="checkbox"/> Learning Disability Does your child have a current I.E.P. (Individual Education Plan)? | <input type="checkbox"/> Physical impairments or mobility limitations: <input type="checkbox"/> Speech/language impairments: | <input type="checkbox"/> Other health and emotional issues, special needs, etc. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (if possible attach) | | |

INFORMATION SPECIFIC TO CAMP ACTIVITIES

My Child May Participate in the following Activities:

- | | |
|--|--|
| Riflery <input type="checkbox"/> Yes <input type="checkbox"/> No | Zip Line, <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Archery, <input type="checkbox"/> Yes <input type="checkbox"/> No | Climbing tower <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Swimming <input type="checkbox"/> Yes <input type="checkbox"/> No | Low Ropes <input type="checkbox"/> Yes <input type="checkbox"/> No |

Swim Level

Non-Swimmer Does not know how to dive Cannot swim or dive due to medical condition

Red Cross I-Water Expl. II-Primary III-Stroke readiness IV-Devel V-Refinement VI-Proficient

YMCA Polliwog Guppy Minnow Fish Flying Fish Shark Porpoise

Comments about swimming ability and/or limitations

Parents/Guardians Signature _____

CABIN-MATES (OPTIONAL)

Choose 1 or 2 friends eligible (age, gender, etc.) for the same program. We will try to accommodate these requests as space and staffing allow. **Please do not group more than 3 buddies together.**

1. _____ 2. _____

Code of Conduct for Camp Barrett Campers

All campers and parents are required to complete the following **Camper Code of Conduct**.

I understand that my behavior affects all those with whom I live at Camp. I agree to

- Follow all the camp Rules as provided by my counselor and the Camp Director
- Listen to the counselors and staff and follow their directions
- Participate **fully** in all camp activities
- Respect other campers and staff, the camp facilities and the natural beauty of camp.
- Stay away from dangerous behaviors that may hurt me others
- Respect the possessions of others and not take items that are not given to me or owned by me
- Not use drugs, alcohol or other dangerous substances while at camp

IF I fail to do so, I understand that the following procedures will be taken

My counselor (assigned to the camper's cabin and who accompanies the camper through the daily schedule) will deal with my disruptive or uncooperative behavior in the following manner:

- 1) Point out the problem to me and clearly define the steps necessary to correct the problem.
- 2) Remove me from the group to a time-out area and again point out the problem at hand.
- 3) Refer the problem to the camp director or assistant director for further counseling

If I continue to create problems, I will be removed from the group. This permits my counselor to devote his or her time to the rest of the group. I understand that I will remain under the supervision of the camp director and staff until the problem can be resolved.

If the above steps fail to correct the problem, the camp director will decide whether I should remain at Elks Camp Barrett or be should be sent home. If I am to be sent home, my parent will be called and arrangements will be made for me to be picked up.

I understand that following actions will result in immediate contact with my parents and my immediate removal of the camper from the Camp Barrett.

- 1) Possession or use of a controlled substance
- 2) Deliberate acts that result in injury or death of wildlife
- 3) Deliberate acts that result in the destruction of individual or camp property
- 4) Negative behavior toward another person (foul language, physical/emotional harm)

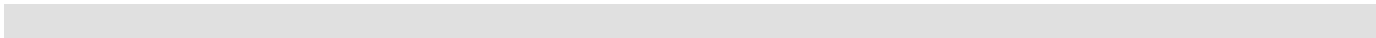
I have discussed these rules with my parents/guardians and agree to follow them while at Camp Barrett

Signature of Camper

Printed Name of Camper

Signature of parent/guardian

Date



PARENT/GUARDIAN AUTHORIZATIONS

Please initial that you agree with all items:

- My child (or ward) has permission to participate in the camp activities and trips during the session(s) for which s/he is enrolled. I understand that camp activities have inherent risks, and that reasonable measures will be taken to safeguard the health and safety of all participants, and authorize the camp to provide appropriate routine and emergency care of my child and any dispensing of medications and/or transportation necessary for that care.
- I understand I will be notified in case of any emergency, unusual illness or injury affecting my child. In the event I cannot be reached, I hereby authorize the alternate contact people to act on my behalf, and authorize the camp to contact a physician to provide whatever medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments.
- I will assure that my child is properly prepared for all activities including having proper clothes and equipment, being in good health and willing and able to participate, and willing and able to abide by camp policies and follow the directions of camp personnel.
- I will assure that my child will not bring valuables, money, electronic items, weapons, alcohol or illegal drugs to camp. I will monitor my child's use and distribution of any photos taken at camp to assure that they are not used inappropriately nor posted on the internet.
- I have read and understand the registration procedures, policies, and all details in the brochure and on the Camp Barrett website pertaining to the program my child is attending. I have completed all forms including the registration, Medical and code of conduct form.
- I have provided a complete picture of my child's physical, emotional and mental health, including all medications, on this registration form, and will provide (on the first day of camp) updated health information on the form provided by Camp Barrett.
- In the event my child is photographed, filmed or recorded while at camp, Camp Barrett and the Elks of MD, DE, and DC may use the photo, film or recording for publicity, promotional or instructional purposes.

Parents Name Printed _____

Parent/Guardian Signature _____ Date _____.

TRANSPORTATION and RELEASE INFORMATION

My child's transportation both **TO** and **FROM** camp will be (ALL PICKUPS ON FRIDAY EVENING UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE WITH THE Camp Director)

Parents to Transport

Elks Lodge to Transport

Other please note _____

The following adults are authorized to pick up my child at the end of camp: _____

PAYMENTS and DONATIONS (OPTIONAL)

_____ Check Enclosed for My Child—Camp Costs approximately \$500 per session per camper. Individuals able to pay all or some portion of this fee are asked to do so to help defray costs. Inability to pay all or a portion of this fee will not affect the Childs ability to attend camp.

_____ Tax-deductible Campership donation of \$ _____ enclosed.

Thank you for helping send a low-income youth to camp! Check/Money Orders made payable to Elks Camp Barrett

Camp Health History and Examination Form Dates of Camp Attendance _____

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. This form, except for the "Health Recommendations of Licenses Medical Personnel," to be filled in by parents/guardians of minors or by adults themselves. **ENSURE THAT ALL SIGNATURE BOXES ARE COMPLETE**

Camper/Staff Name _____ Birth date _____ Age at camp _____

Home address _____
Street address City State Zip

Social Security number of participant _____ Gender: ____ male ____ female

Custodial parent/guardian _____ Phone _____

Home address _____ **Email Address:** _____
(If different from above) Street address City State Zip

Business address _____ Phone _____
Street address City State Zip

Second Parent/guardian/emergency contact _____

Business address _____ Phone _____
Street address City State Zip

If not available in an emergency, notify:

Name _____

Relationship _____ Phone _____

Address _____
Street address City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance? ____ Yes ____ No

If so, indicate carrier or plan name _____ Group # _____

Carrier address _____

Name of insured _____ Relationship to participant _____

Social security number of policyholder or insurance ID number _____

Important - These boxes must be complete for attendance Permission to Provide Necessary Treatment or Emergency Care

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult camper/staffer

I also understand and agree to abide by the restrictions placed on my camp activities. Camper
Signature _____

Witness _____ Date _____

Health History (Please Print Clearly or Type)

The following information must be filled in by the parent/guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

Allergies Describe reaction and management of the reaction. **Medication, Food, Insect Stings, Hay Fever, Animal Dander etc.**

GENERAL QUESTIONS, Explain any yes question below. Has/does the participant:

1	Had any recent injury, illness or infectious disease?	yes or no	16	Ever been dizzy during or after exercise?	yes or no
2	Have a chronic or recurring illness/condition?	yes or no	17	Ever had an eating disorder?	yes or no
3	Orthodontic appliance being brought to camp?	yes or no	18	Ever had seizures?	yes or no
4	Ever had problems with joints?	yes or no	19	Ever had emotional difficulties for which professional help was sought?	yes or no
5	Ever been hospitalized?	yes or no	20	Ever had chest pain during or after exercise?	yes or no
6	Ever had surgery?	yes or no	21	Have asthma?	yes or no
7	Have frequent headaches?	yes or no	22	Ever had high blood pressure?	yes or no
8	Ever had a head injury?	yes or no	23	Have any skin problems?	yes or no
9	Ever been knocked unconscious?	yes or no	24	Have diabetes?	yes or no
10	Have problem with diarrhea/constipation?	yes or no	25	Had mononucleosis in the past 12 months?	yes or no
11	Wear glasses, contacts or protective eye wear?	yes or no	26	Ever been diagnosed with a heart murmur?	yes or no
12	Have problems with sleepwalking?	yes or no	27	Ever had back problems?	yes or no
13	Ever had frequent ear infections?	yes or no	28	If female, have an abnormal menstrual history?	yes or no
14	Ever passed out during or after exercise?	yes or no			
15	Have a history of bed-wetting?	yes or no			

Please explain any "yes" answers, noting the number of the questions.

Name of family physician _____ Phone _____

Address _____ City State Zip _____

Name of family dentist/orthodontist _____ Phone _____

Address _____ City State Zip _____

Health Care Recommendations by Licensed Medical Personnel (MUST BE SIGNED At Bottom)

Camper/Staff Member Name _____

I have examined the above camp participant. Date of last examination _____

BP _____ Weight _____ Height _____ Temp _____

In my opinion, the above applicant _____ is _____ is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions:

Current treatment at the time of this report includes

Recommendations and Restrictions at Camp

Treatment to be continued at camp (Please be specific. Include type, and schedule)

Medications to be administered at camp (**Each medication must be listed on Chart on page 4 Individual Orders**)

Any medically prescribed meal plan or dietary restrictions

Known Allergies

Description of any limitations or restriction on camp activities

Additional information for health care staff at the camp

Signature of Licensed Medical Personnel _____

Printed Name and License Number _____

Date _____ **Phone Number** _____

INDIVIDUALIZED ORDER FOR: _____
Prescription Medications (Please complete with patient's current regiment for both scheduled and PRN medications).

Drug	Dosage	Schedule	Comments

Standard Over the Counter/PRN Medications (meds available in the Infirmary/First Aid Kits; to be administered at the discretion of RN):

Drug	Dosage	Schedule	Provider Order	Comments
Tylenol	Per label instructions by age/weight	Q 4hr prn for pain or fever > _____	yes / no	
Ibuprofen	Per label instructions by age/weight	Q 6hr prn for pain or fever > _____	yes / no	
Robitussin	Per label instructions by age/weight	Q 4hr for cough	yes / no	
Pepto-Bismol	Per label instructions by age/weight	Q 30 min to 1 hour prn for diarrhea	yes / no	
Children's Mylanta	Per label instructions by age/weight	BID-TID prn for stomach upset	yes / no	
Dimetapp	Per label instructions by age/weight	Q 6-8 hr prn for nasal congestion/drainage	yes / no	
Benadryl	Per label instructions by age/weight	Q 6 hr prn for allergic reaction (insect bites/hives)	yes / no	
Insect Repellent	Per label instructions by age/weight	As needed	yes / no	
Calamine Lotion	Per label instructions by age/weight	As needed	yes / no	

IMMUNIZATIONS--Please give all dates of immunization for:

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Which of the following has the participant had? _____ Measles _____ Chicken Pox _____ German Measles _____ Mumps _____ Hepatitis TB Mantoux Test Test Date _____ Result: _____	
DTP									
TD (tetanus/diphtheria)									
Tetanus									
Polio									
MMR									
or Measles									
or Mumps									
or Rubella									
Haemophilus influenza B									
Hepatitis B									
Varicella (chicken pox)									
BCG									

Signature of Licensed Medical Personnel _____

Printed _____ License # _____