Wild Clover 4-H Camp Health Form

Child's Name: _____Gender_____Weight_____County _____

Emergency Contact: _____ Phone _____

- ❑ No Medications sent to camp Allergies:_____
- ❑ Child carries EpiPen and/or Inhaler(s)
- ❑ Can give over the Counter Medications (see back for list)

Medication:	**Time Admin**	**June 7**	**June 8**
Name_____ **Dose**_____	❑ **Breakfast** ❑ **Lunch** ❑ **Dinner** ❑ **Bedtime** ❑ **As Needed**	❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____	❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____
Name_____ **Dose**_____	❑ Breakfast ❑ Lunch ❑ Dinner ❑ Bedtime ❑ As Needed	❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____	❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____
Name_____ **Dose**_____	❑ Breakfast ❑ Lunch ❑ Dinner ❑ Bedtime ❑ As Needed	❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____	❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____
Name_____ **Dose**_____	❑ Breakfast ❑ Lunch ❑ Dinner ❑ Bedtime ❑ As Needed	❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____	❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____
Name_____ **Dose**_____	❑ Breakfast ❑ Lunch ❑ Dinner ❑ Bedtime ❑ As Needed	❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____	❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____
Name_____ **Dose**_____	❑ Breakfast ❑ Lunch ❑ Dinner ❑ Bedtime ❑ As Needed	❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____	❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____

Additional Information:_____

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Nursing Notes:_____

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Over the Counter Meds:

- ❑ Antihistamine (Benedryl)
- ❑ Antacid
- ❑ Ibuprofen (Advil)
- ❑ Polysporin(topical antibiotics)
- ❑ Acetaminophen (generic, Tylenol)
- ❑ Decongestant
- ❑ Dramamine
- ❑ Hydrocortisone