

Medical Form Update

Youth's Name _____ (printed)

Are there any changes in this youth's health status, medications, or other related information since his/her *Youth Health Form* for was completed? (Please check the appropriate response below.)

_____ Yes

_____ No

Has this child been exposed to any major contagious diseases since his/her *Youth Health Form* was completed?

_____ No, none that I am aware of

_____ Yes, They were exposed to _____.

(Please discuss this with our camp first aid coordinator before leaving your child on July 17.)

Our first aid coordinator will have the medications and ointments listed below available for use. Place a checkmark next to the medications below that can be provided to your child, if available.

_____ Acetaminophen (Tylenol)

_____ Hydrocortisone (anti-itch) cream

_____ Benadryl

_____ Ibuprofen

Primary Emergency Number to be used on July 17, 2025?

Who does this number reach?

Signature of Parent or Guardian _____

Signature of Youth (if over 18 years of age) _____

Date: **July 17, 2025**