

# New Medical Information

To be filled out by parent if changes have been made since registration.

Campers Name: \_\_\_\_\_

Stake: \_\_\_\_\_ Dates at Oakcrest: \_\_\_\_\_

New Medical Condition: \_\_\_\_\_

\*All campers must be able to manage their own medical care to attend camp.

Date parent was made aware of new condition: \_\_\_\_\_

Brief description of condition for Counselor: \_\_\_\_\_

Does this condition require new prescription medications? Yes  No  If yes, please list medications needed: \_\_\_\_\_

\*Medications must be in original container with dosage instructions clearly legible.

Any new treatments needed while your daughter is at Oakcrest?: \_\_\_\_\_

Permission to give Over-the-Counter Medications that were not checked on registration card:  
(\*\*Note: If permission was given on registration form and there are no changes, do not mark in this box.\*\*)

Medication	Yes	No
Ibuprofen		
Tylenol		
Decongestant		
Antihistamine		
Antacid		

Any new allergies? Yes  No  If yes, please list: \_\_\_\_\_

Any other comments: \_\_\_\_\_

\*\*Please note that there are no licensed medical staff at Oakcrest.