



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: _____

(Bring medication in original bottles sealed in one Ziplock bag, along with a small card listing your name and instructions for each medication. Send a separate bag for over-the-counter medication.)

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

Permission to give Over-the-Counter Medications:

(If permission given below is different from what was noted on the registration card, we will follow this updated instruction.)

Medication	Yes	No
Antacid		
Anti-nausea		
Antihistamine		
Ibuprofen		
Tylenol		

Any new allergies? Yes No If yes, please list and describe reaction(s), severity, and treatment needed: _____

Any other comments: _____

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