



Additional Medical Needs Form

Child's Name: _____ Date of Birth: / /

Camp (circle): Wild Rock // Adventure Mountain // Creekside // Lakeview // Forest Center // Ojai Valley

Dates attending: _____

Church Group Name: _____

The following portion to be completed by camper's Physician/Clinician For Specialized Health Care Treatment and/or Procedure that may be required while at Camp

(Specify dosage, time, route, duration for all medication)

Illness/Condition: _____

Clinician

Orders: _____

Clinician's Signature: _____ **Date:** _____

Clinician's Phone: _____ **Fax:** _____

The following portion to be completed by camper's parent.

I hereby authorize the first aid staff at Forest Home Christian Camp to administer the above treatments as authorized by my child's physician.

I authorize my child to self-administer their injectable or inhalation following Forest Home first aid department Policy as it relates to State and County Law.

Parents Signature: _____ Date: _____

Place a copy of the completed form in a zip baggie with the medication.

If no medication is being sent, please fax to the campus your camper will be attending:

Mill Creek Campus (San Bernardino Mountains) Fax # (909)389-4326

Ojai Valley Campus (Ventura) Fax # (805)715-6061