CAMP KAMAJI 2011
UPDATED MEDICATION/MEDICAL INFORMATION FORM

NOTE: THIS FORM NEEDS TO BE COMPLETED **ONLY IF** THERE HAS BEEN A CHANGE IN MEDICATION (INCLUDING OVER-THE-COUNTER MEDICATIONS AND/OR VITAMINS) FROM WHAT WAS LISTED ON THE ORIGINAL PHYSICIAN'S FORM **AND/OR** CONTAINS ADDITIONAL MEDICAL INFORMATION NOT PREVIOUSLY LISTED ON PHYSICIAN- AND/OR PARENT-COMPLETED FORMS.

Please fax this form to: 218/987-2122
or
Mail to: Camp Kamaji, 32054 Wolf Lake Road, Cass Lake, MN 56633

STOP! DO NOT FILL OUT UNLESS INFORMATION BELOW DIFFERS FROM THAT SENT EARLIER BY YOU OR YOUR DAUGHTER'S PHYSICIAN.

CAMPER'S NAME____

THE FOLLOWING IS A REVISED MEDICATION SCHEDULE: **(include all prescription and over-the-counter medications as well as vitamins)**

MED #1________________________ Dosage________________Specific Times Taken______________________

- ❑ MED # 1 reflects a change in dosage/specific times taken of previously listed (on earlier submitted health forms) medication
- ❑ MED # 1 is a "NEW" medication not previously listed on earlier submitted health forms.
- ❑ MED # 1 is a previously listed medication appearing on submitted health form(s) but is being SUSPENDED because (please list reason for suspending): ____

MED #2________________________ Dosage________________Specific Times Taken______________________

- ❑ MED # 2 reflects a change in dosage/specific times taken of previously listed (on earlier submitted health forms) medication
- ❑ MED # 2 is a "NEW" medication not previously listed on earlier submitted health forms.
- ❑ MED # 2 is a previously listed medication appearing on submitted health form(s) but is being SUSPENDED because (please list reason for suspending): ____

MED #3________________________ Dosage________________Specific Times Taken______________________

- ❑ MED # 3 reflects a change in dosage/specific times taken of previously listed (on earlier submitted health forms) medication
- ❑ MED #3 is a "NEW" medication not previously listed on earlier submitted health forms.
- ❑ MED #3 is a previously listed medication appearing on submitted health form(s) but is being SUSPENDED because (please list reason for suspending): ____

ADDITIONAL MEDICAL INFORMATION: Please answer any question below that accurately reflects a change in your daughter's health since physician- and parent-completed health forms were submitted:

- ❑ My daughter has been exposed to a contagious disease. If checked, please provide specifics on overside. ⇛⇛⇛⇛⇛⇛⇛⇛⇛
- ❑ My daughter has been exposed to, diagnosed with and/or treated for **head lice** within the last month. If checked please discuss fully on overside. ⇛⇛
- ❑ There is specific **medical information** (for example, illness, injury, change in eyeglass/contact lense prescription, insurance info, and the like) that has **CHANGED** since the medical form(s) were submitted. If checked provide detailed information on overside. ⇛⇛⇛

Physician's Signature:__________________________________ **Date:**____________________

Print Physician's Name:________________________________ **Phone:**___________________

Parent's Signature:____________________________________ **Date:**____________________

Please reference any additional information checked off on overside and provide as much detailed information as possible. This information will help us provide the best possible health care for your daughter while she is at Camp Kamaji. Thank you!!!