



559 South Main Street | Cheshire, CT 06410  
203.272.2743 | [recreation@cheshirect.org](mailto:recreation@cheshirect.org)  
<https://cheshirect.myrec.com/>

Summer 2024

Dear Parent/Guardian,

**All campers** must have a Health Questionnaire on file two weeks before the first session they attend camp.

If your child will need to take medication or will need to have access to emergency medications during the camp day, then the Connecticut State Law requires a physician's written order and parent's/guardian's authorization for a nurse or camp staff in the nurse's absence to administer medication. The Town of Cheshire also requires a Waiver and Release of Liability for administration of medication. Attached are both the Health Questionnaire and the Medication Administration Authorization. For your child to receive any medications while attending camp both the Health Questionnaire and the Medication Administration Authorization must be completed in full and submitted to camp. If your child will not be taking medication at camp, then you only need to complete and submit the Health Questionnaire.

**The Medication Administration Authorization must be brought to the Camp Nurse or Camp Director with your child's medication no later than the first day your child attends camp.** Each camper requiring medication will have a drop-off & pick-up Log Sheet that a parent/guardian must sign when bringing the medication to and taking the medication from camp. Children requiring medication must be walked to the Camp Director by a parent/guardian on the first day of camp. No child will be administered any medication, prescription or nonprescription, without the attached form completed in full. *If your child requires emergency medications (asthma inhaler, epi-pen, etc.) and comes to camp without the form and/or medication, then he/she cannot stay at camp.* Parents/Guardians are responsible for picking up the medications when they pick up their child on the last day that he/she is attending camp. Any medications left at camp will be brought to the Parks & Rec. Office for pickup Mon.-Fri. from 8:30am-4:00pm. All medications remaining in the Office on August 16<sup>th</sup> will be disposed of properly. It is your responsibility to ask for the medication when picking up your child from camp.

If the Program Supervisor has any questions about the Health Questionnaire, then she will call you before the first day your child attends camp. Additionally, we will have a nurse review health paperwork and you may receive a call from her. Here are some important phone numbers for camp:

Parks & Recreation Office	(203) 272-2743	
Camp Nurse	(203) 707-0166	
Mixville Adventure Camp	(203) 707-3579	(Director: Ian)
Therapeutic Rec.	(203) 707-0292	(Director: Patty)

The Camp Phones will only be turned on during the camp day when camp is in session. Please call the Parks & Recreation Office prior to June 14<sup>th</sup> if you have any questions about camp or the administration of your child's medications.

Sincerely,

*Sarah Straker*

Program Supervisor

[sstraker@cheshirect.org](mailto:sstraker@cheshirect.org)

**Cheshire Parks & Recreation Department**  
**Health History Questionnaire**

Summer 2024

To Parent or Guardian:

In order to provide the best camp experience, camp staff must understand your child’s health needs. This form requests information from you which will be helpful to camp staff, including the camp nurse, when caring for your child this summer. This form does not need to be signed by a doctor and is required of all children who will be attending camp. This form must be on file at least one business day prior to your child attending camp. All medications taken at camp require a separate, additional Medication Authorization Form that must be signed by a health care provider and parent/guardian. Please contact Program Supervisor, Elizabeth Mayne, at 203-272-2743 with any questions.

*Please print*

Student Name (Last, First)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP Code)		
Parent/Guardian Name (Last, First)	Home Phone	Cell Phone
School (Fall 2024)	Grade (Fall 2024)	
Primary Care Provider	Primary Care Provider Phone Number	
Dentist	Dentist Phone Number	
Health Insurance Company/Number		

Any health concerns	Y N	Hospitalization or Emergency Room visit	Y N	Chest Pain	Y N
Allergies to food or bee stings	Y N	Any broken bones or dislocations	Y N	Heart problems	Y N
Allergies to medication	Y N	Any muscle or joint injuries	Y N	High blood pressure	Y N
Any other allergies	Y N	Any neck or back injuries	Y N	Bleeding more than expected	Y N
Any daily medications	Y N	Problems running	Y N	Problems breathing or coughing	Y N
Any problems with vision	Y N	“Mono” (past 1 year)	Y N	Any smoking	Y N
Uses contacts or glasses	Y N	Has only 1 kidney or testicle	Y N	Asthma treatment (past 3 years)	Y N
Any problems hearing	Y N	Excessive weight gain/loss	Y N	Seizure treatment (past 2 years)	Y N
Any problems with speech	Y N	Concussion	Y N	Diabetes	Y N
Dental braces, caps or bridges	Y N	Fainting or blacking out	Y N	ADHD/ADD	Y N

Please explain all “yes” answers here. For illnesses/injuries/etc. include the year and/or your child’s age at the time.


Is there anything you want to discuss with the camp staff before your child attends? Y N If yes, explain:

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Please list all medications your child will need to take at camp:

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Please circle Y if “yes” or N if “no”. Explain all “yes” answers in the space provided below.

***All medications taken at camp require a separate Medication Authorization Form signed by a health care provider and parent/guardian.***

I understand that this information will be kept in a confidential file at the Parks & Rec office for one year. I give permission for my child to receive first aid and/or be treated by the Camp Nurse as needed.	
	Signature of Parent/Guardian <span style="float: right;">Date</span>



## AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY CAMP PERSONNEL

The Connecticut State Statutes and Regulations require an authorized prescriber's written order and parent or guardian's authorization for the camp staff to administer medication(s). Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. The program staff shall administer medication only in accordance with this written order of the authorized prescriber. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

### AUTHORIZED PRESCRIBER'S ORDER (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of Child/Student \_\_\_\_\_ Town & State \_\_\_\_\_

Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug?  YES  NO

Condition for which drug is being administered: \_\_\_\_\_

Specific Instructions for Medication Administration: \_\_\_\_\_

Dosage: \_\_\_\_\_

Method/Route: \_\_\_\_\_

Time of Administration: \_\_\_\_\_

If PRN, frequency: \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_  None Expected

Explain any allergies, reaction to/negative interaction with food or drugs \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Prescriber's Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL:

Self-administration of medication may be authorized by the prescriber and parent/guardian. Campers may only self-administer medication with the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration:  YES  NO Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's authorization for self-administration:  YES  NO Parent's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### PARENT/GUARDIAN AUTHORIZATION & WAIVER AND RELEASE OF LIABILITY:

- I request that medication be administered to my child, \_\_\_\_\_, as described and directed above.
- I hereby request that the above ordered medication be administered by camp personnel, and I give permission for the exchange of information between the prescriber and the camp nurse necessary to ensure the safe administration of this medication.
- I understand that I will supply the medication on the first day of each session and collect it on the last day of each session. I further understand that the medication will be destroyed if it is not collected within one week following termination of the order or one week beyond the close of camp.

I, for my child, myself and for my family, heirs, successors and legal representatives, hereby release, waive, relinquish and agree not to sue the Town and its officials, officers, representatives, insurers, employees, agents, volunteers, servants and independent contractors on account of or in conjunction with any claims, causes of action, injuries, damages, attorneys' fees, costs or expenses arising out of the administration of the above-described medication to my child, **including but not limited to damages for injuries, losses or death resulting from the passive or active carelessness or negligence of the Town or its officials, officers, representatives, employees, agents, volunteers, servants or independent contractors in administering such medications.**

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of Child/Student \_\_\_\_\_ Town & State \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_\_) \_\_\_\_\_