

# Montlure Bus Passport

**Please send this form with your child on the bus. For campers taking own transportation, hand deliver to registrar at camp check in. Help us to insure the safety and security of your child by completing this form accurately and completely**

**Camper's name:** \_\_\_\_\_ **Birthday** \_\_\_\_\_

Age:

Height:

Weight:

All known allergies:

Activities this camper **cannot** participate in:

Special dietary needs (vegetarian, vegan, dairy, etc.):

*Immunization History: Provide the month and year for each immunization. **Bold** immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.*

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
<b>Diphtheria, tetanus, pertussis (DTaP) or TdaP</b>						
<b>Tetanus booster (dT) or (TdaP)</b>						
<b>Mumps, measles, rubella (MMR)</b>						
<b>Polio (IPV)</b>						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
<b>Varicella (chicken pox)</b>						
<b>Had chicken pox Date:</b>						
Meningococcal meningitis (MCV4)						

\*\*\*If your camper has **not** been fully immunized, please sign the following statement:

I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

*This camper's physician and phone #:*

*Date of most recent physical/visit to the doctor:*

*Medical insurance provider, policy # and policyholder:*

*For girls: Has your daughter menstruated?*

*If not, has she been told about menstruation?*

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Cross out those the camper should not be given.

Acetaminophen (Tylenol)	Sore throat spray
Ibuprofen (Advil, Motrin)	Generic cough drops
Phenylephrine decongestant (Sudafed PE)	Lice shampoo or cream (Nix or Elimite)
Pseudoephedrine decongestant (Sudafed)	Antibiotic cream
Antihistamine/allergy medicine	Calamine lotion Aloe
Guaifenesin cough syrup (Robitussin)	Laxatives for constipation (Ex-Lax)
Diphenhydramine antihistamine/allergy medicine (Benadryl)	Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)
Dextromethorphan cough syrup (Robitussin DM)	

Please circle or otherwise indicate if this camper has ever been diagnosed with:  
ADHD, Learning disabilities, Depression, Mental Illness, Bi-polar Disease, Eating Disorders, Asthma, Epilepsy, Diabetes, and/or Any Operations or Serious Illness or Injury. If so, please explain:

Is there anything else we should know about your child? Your frankness about any physical or emotional health issues will help the camp staff work more effectively with your child.

### **Emergency Contact Information**

In an emergency, phone numbers will be called in the order they appear in this section.

Parent/Guardian Name:

Parent/Guardian Phone #s:

Alternative Emergency Contact Name and Relationship:

Alternative Emergency Contact Phone #s

### **Authorization for Health Care:**

I authorize Montlure's health care team to provide routine health care; I authorize the release of medical records in case of illness or accident. In case of any medical emergencies, I understand that every effort will be made to contact the emergency contacts identified on page 1. In the event the emergency contacts cannot be reached, I hereby give permission to the physician selected by the camp administrator to hospitalize and secure proper treatment for my child, including administering anesthesia or surgery.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_