

# Lost Lake Forms Checklist

The following information is being provided as a guide to assist each troop in “Being Prepared” upon arrival. Following this list will expedite your check-in process. Visitors wishing to use any of the program areas within the camp (swimming, tower, activities, etc) must also complete the “Health Form” including current physical exams.

Health Forms (Adult and Youth) must include:

1. Completed Emergency Contact info
2. Any and all **Prescribed** medications must be listed or “**NONE**” written in its place. LEAVE NO BLANK SPOTS.
3. Allergies must be listed with the type of reaction (itching, rash breathing problems, etc.) in explanation. If no allergy exists “**NONE**” must be written in the space. LEAVE NO BLANK SPOTS.
4. Physician Signature must be present and **include the date of exam.** Please have the Physician fill in “examined” line.
5. If the person is under 40 years old, date on form must be within three years from the **end** of camp.
6. If the person is 40 years old or over, date must be within one year from the **end** of camp.

Health Forms (Adult) page 2 (on back).

1. Appropriate individuals listed must complete “Required References”.

Health Forms (Youth) page 2 (on back).

1. “Health / Behavior” considerations must be completed or “**NONE**” must be written in the space. LEAVE NO BLANK SPOTS.
2. Current parent must sign and date each year to be current.

Camper Medication Form (These are the forms we will dispense from).

1. Medications must be in original bottles/packages. “Pill Cases” are not to be used (most pills do not have the names on them).
2. Each Medication must have its own form. This includes “epi pens” and inhalers/ breathing treatments. Dosage and administration must match the bottles or the physician will be required to sign the “Prescribing Physician” portion. Otherwise meds will be dispensed as directed on original bottles/packages.
3. If an epi pen or inhaler is listed with a form, the youth will be required to carry these items at all times unless the “Prescribing Physician” directs and signs otherwise.
4. Each “Over The Counter” Medication must also have its own form. These do not require Physician signature.