

## **SITE NURSE MANAGERS' TASKS For Camp**

**FOR EACH SITE, WE NEED THE FOLLOWING MEDICAL INFORMATION:**

**Due Date: 6/3**

1. Complete the following Word documents posted on the YCS camp webpage and email to [campmed@ycs.org](mailto:campmed@ycs.org); make sure to label each file with the proper file name as described in the directions posted on the YCS camp webpage.
  - a. Allergy List – All (include food, medication, seasonal, insects)
  - b. [Specialized Diets and Food Allergies](#)
  - c. Asthma List with Peak Flows

**FOR EACH CHILD, WE NEED THE FOLLOWING MEDICAL INFORMATION:**

**Due Date: 6/10**

1. Send a SEPARATE email to [campmed@ycs.org](mailto:campmed@ycs.org) for each child and attach all of the documents listed below for ONLY that child. Write the camper's name in the subject matter of the email with 'Medical Info' written after her/his name (i.e. Jane Doe Medical Info). If a document is missing, please note in the email what is missing and why it is missing.
  - a. Emergency medical/dental release
  - b. Copy of Medicaid card
  - c. Copy of Immunization Record (make sure it is up-to-date)
  - d. Copy of Physician Order Sheet
  - e. Copy of most recent physical
  - f. Camper Medical Information/ER form posted on the YCS camp webpage

Note: PRN medications should include inhalers, epi pens only, etc. Do not put anything else on the Camper Medical/ER form. PRNs such as Tylenol, cough medicine, etc will be in the MAR (Medical Administration Record). Include information if camper has been involved in a serious injury/illness one month or less before start of camp. If any medication changes occur prior to camp, make sure to update form and make a copy of POS with order change.

2. Print items "a" through "f" listed above and put into a three ringed binder; label the binder with title of "Camper Medical Information" with program name. In the binder, organize information by camper, label each divider index with camper's last name, then first name (e.g. Smith, Jane), and sort camper sections

in alphabetical order by last name. Give this binder to the Camp Nurse Manager when you hand over the medications.

**FOR EACH CHILD, WE NEED THE FOLLOWING MEDICATIONS:**

*Holley/Fisher/Muller IRTS/Davis House/Laurie Haven/Kilbarchan:*

**Due Date: 6/17 AT 12 NOON**  
**Delivered to 25 E. Salem,**  
**Hackensack**  
**(Pack/bring 6/23 – 12p, 3p, 8p**  
**meds in van/bus to camp)**

*Estell Manor and Cedarbrook*

**Due Date: 6/23**  
**Delivered to camp on first day.**  
**(Pack/bring 6/23 - 12p, 3p, 8p**  
**meds in van/bus to camp)**

*PRTFs*

**Due Date: Each day of camp.**  
**Delivered to nursing, if preferred,**  
**for storage.**

**Labeling instructions:**

Each medication, including routine treatment (e.g. Nasal AYR, Compound W), should be labeled with the following information:

Time of medication dissemination

1. Child's Name
2. Medication name (must be stated exactly as it is on the MAR; either generic, trade or both), dosage and number of pills \*

\* If there are two different doses of same medication, the medication, dosage and number of pills must be listed on a separate line. For example:

Seroquel 100mg – 1 tab  
Seroquel 25mg – 1tab)

**Packing Instructions:**

Send enough medication for fifteen (15) days. Medications should be separated by child and time (e.g. all 8 am medications together for that child); then all of the child's medications should be put together in a bag with his/her name and site on the bag.

1. For each child, if prescribed by doctor, send:
  - a. specific asthma PRN for nebulizer treatment (proventil, xeponex, etc). Do not send nebulizer machine. Can send nebulizer tubing and mouth piece.
  - b. epi pen.
  - c. special soap, lotion or creams (nizoral, spectazole, etc.)
  - d. inhaler (routine and prn). Make sure inhalers are full or send additional inhalers.

If any medication changes occur prior to camp, update packed medications as order changes are made.

**FOR EACH SITE, WE NEED THE FOLLOWING PRN MEDICATIONS:**

*Holley/Fisher/Muller IRTS/Davis/Laurie Haven/ Kilbarchan:*

**Due Date: 6/17 AT 12 NOON**  
**Delivered to 25 E. Salem,**  
**Hackensack**

*Estell Manor and Cedarbrook*

**Due Date: 6/23**  
**Delivered to camp on first day.**

*PRTFs*

**Due Date: Each day of camp.**  
**Delivered to nursing, if preferred,**  
**for storage.**

1. Send enough PRN medications for **fifteen (15) days**. Tylenol, caladryl, lotion, generic sunscreen (spf 30), Advil, Aquafor, Delsym, Robitusin, and generic insect spray are provided. Send additional items if brand name or specialized medications are needed.

**FOR EACH SITE, WE NEED THE FOLLOWING MEDICATIONS AND ITEMS:**

**Due Date: 6/23 (first day of camp)**

- b. Inhalers and epi pens for applicable children.
- c. 12p, 3p and 8pm medications for the first day of camp packed for all children.
- d. Medication Administration Records (MARS) that include individual pictures of campers with names and DOB on the back

- e. Physical control three-ringed binder; label the binder with title of “Physical Controls” with program name. In the binder, organize information by camper, label each divider index with camper’s last name, then first name (e.g. Smith, Jane), and sort camper sections in alphabetical order by last name. Include the following:
  1. Physical Control Order from the doctor with any restrictions stated.
  2. Physical Control Admission Assessment Form
  3. Physical Control Acknowledgement Form
  4. Guardian Name and contact number(s)

**NOTE: If you want to revise and re-send a document that has already been sent to the Camp Nurse Manager, make sure to write the word “Revised” on the top right hand corner of the revised document along with the “Revision Date”.**

**NOTE: Send to camp the following in plastic storage container with lid labeled with site name: Medications (if applicable), Medication Administration Records (MARS), Camper Medical Information Binder, Physical Control Binder, individual pictures of campers with names and DOB on the back, and packed medications for 12p, 3p and 8pm.**