
 Organization Name _____

Camp First Aid & Health Checklist

	Yes	Needs Attention
1. Do you have a staff member with training in the appropriate level of first aid and CPR/AED on duty at all times in camp and on camp trips?	<input type="checkbox"/>	<input type="checkbox"/>
2. If you're a resident camp, do you have a licensed physician or registered nurse on site daily?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you gather health history information on campers and seasonal staff that includes current health conditions, past medical treatment, immunizations, and allergies?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you gather information on campers and seasonal staff that includes name, birth date/age, name/address/phone of adult responsible for each minor, phone of emergency contact, and name/phone of individual's physician?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have parents of minors sign a form giving you permission to provide routine health care, administer prescribed medications, and seek emergency medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have written health care policies that include the scope and limits of services, authority/responsibilities of camp staff, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you keep a health log and reports of all incidents requiring medication, first aid, or professional medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you store all drugs under lock and dispense prescription drugs only under the directions of a physician?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you train staff in their health care roles and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you inform appropriate staff of any special needs of campers for whom they're responsible?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your emergency response team know to look for an emergency medical identification card on the injured or ill person to alert you to any known medical problems or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have gloves available to protect emergency response team members from blood and other potentially harmful bodily fluids?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you use a special medical needs agreement?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Completed by: _____ Date: _____

This is a sample document only. Your organization is responsible for compliance with all applicable laws. Accordingly, this checklist should not be used or adopted by your organization without first being reviewed and approved by an attorney. Brotherhood Mutual assumes no liability in preparation and distribution of this checklist. ©2020 Brotherhood Mutual Insurance Company. All rights reserved.