



# CAMPER HEALTH CERTIFICATION

YEAR : \_\_\_\_\_

**INSTRUCTIONS:** This Form must be completed by the Camper's Health Care Provider. The Date of Physical must be within 12 months of the last day attending camp and include all current immunizations. The Health Care provider must date, sign/stamp this form. This form must be returned to Camp DeWolfe no later than June 15<sup>th</sup> to avoid a Late Fee.

## CAMPER INFORMATION

**Camper Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Session:**  Explorer Camp  Discovery Camp  Adventure Camp (2Wk)  Adventure Camp (3Wk)  LIT  Fall  Winter  
**Day Camp:**  Session 1  Session 2  Session 3  Session 4  Session 5  Session 6

## PHYSICAL EXAM

Date of Physical \_\_\_\_\_ (Must be within 12 months of the last day attending camp)  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B/P: \_\_\_\_\_ Gross Dental: \_\_\_\_\_  
The camper has previously been diagnosed with:  Measles  Chicken Pox  German Measles  Mumps  
 Hepatitis A  Hepatitis B  Hepatitis C  Rubella  
Tuberculosis Testing: TB Mantoux Test (Date of last test): \_\_\_\_\_  
Results:  Positive  Negative

## CURRENT CONDITIONS

Asthma  Diabetes  Type 1  Type 2  Other: \_\_\_\_\_  
**Allergies:**  LIFE THREATENING  Food: \_\_\_\_\_  Insect  Other: \_\_\_\_\_  
 Seasonal  Medication Allergies: \_\_\_\_\_

## IMMUNIZATIONS

Camper's Immunization & Vaccination Records/ Matrix Attached (required)

## PERMISSION TO RECEIVE STOCK NON-PRESCRIPTION MEDICATIONS

**Standing Order OTC Administration:** I have reviewed the List of **Camp DeWolfe's Stock Non-Prescription Medications** (pg 2 of this form) and have defined the appropriate use of OTC medications on that list. I provide permission for the Camp Health Provider, within the legal parameters of their license (e.g. RN), to administer the medications as listed.  
If this option is not checked, the Parent/Guardian has been informed that the Health Care Provider permission must be obtained before every case where administration of OTC medication is necessary.

## CLEARANCE TO PARTICIPATE IN CAMP ACTIVITIES (Attach additional information regarding Camper's behavior, emotional, or mental health.)

Camper is cleared to participate in all camp activities  Camper may participate in camp activities with restrictions, exceptions, or modifications (ATTACH SHEET DESCRIBING RESTRICTIONS, ETC.)

## HEALTH CARE PROVIDER CERTIFICATION (Check All That Apply)

**Approval to Attend Camp:** I have reviewed the Camper Health History and discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted in the attached document).  
 **This Authorization is valid for all Camp Programs within One (1) Year of the Date of Physical Exam listed above.**

## PRIMARY HEALTH CARE PHYSICIAN SIGNATURE IS REQUIRED IN ORDER FOR THE CAMP NURSE TO DISPENSE PRESCRIPTION AND NON-PRESCRIPTION (OTC) MEDICATION

**Health Care Provider Signature:** \_\_\_\_\_ **Provider's Address/Phone:** \_\_\_\_\_  
**Health Care Provider Printed Name:** \_\_\_\_\_  
**Date Signed:** \_\_\_\_\_



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**Camper Name:** \_\_\_\_\_

There may be times at camp when your child will ask for non-prescription (OTC) medications/treatments to help relieve symptoms related to minor conditions such as poison ivy, headache or upset stomach etc.

All medication will be distributed by an EMT or Nurse within the boundaries of their licensure and New York and Suffolk County Health Codes. An EMT or Nurse is on site 24 hours a day to deal with medical emergencies.

Camp DeWolfe stocks and uses the following non-prescription medications listed below and will have these in stock in our Health Center.

**HEALTH CARE PROVIDER:** Please review the List of Camp DeWolfe's Stock Non-Prescription Medications List the frequency and dosage permitted for each medication the Camp is permitted to provide the camper. If permission is not given by checking the box on page 1 and outlining dosage here, Health Care Provider permission must be obtained before every case where administration of OTC medication is indicated and treatment may be delayed.

## NON PRESCRIPTION MEDICATIONS

Medication	Frequency/ Times	Dosage	Purpose
Acetaminophen			
Bismuth Tablets			
Benadryl			
Chloraseptic Throat Spray			
Cough Suppressant Drops (Cherry or Honey Lemon)			
Guaiatussin DM Liquid (non-alcohol)			
Ibuprofen Tablets			
Pepto Bismol			
Pseudoval – Nasal Decongestant [Pseudoephedrine HCL 30mg]			
Tums (indigestion) [calcium carbonate			