

# **CAMP DEWOLFE HEALTH CERTIFICATION**

**YEAR: 2018**

**Page 1 of 2**

## CAMPER INFORMATION

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Attending:**  Explorer Camp     Discovery Camp     Adventure Camp (2Wk)     Adventure Camp (3Wk)     LIT  
**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 (eg. 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.**

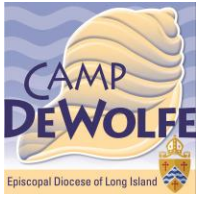
**PRIMARY HEALTH CARE PHYSICIAN SIGNATURE IS REQUIRED IN ORDER FOR  
THE CAMP NURSE TO DISPENSE PRESCRIPTION AND NON-PRESCRIPTION (OTC) MEDICATION**

**Prescriber Signature:** \_\_\_\_\_

**Address/Phone:** \_\_\_\_\_

**Prescriber Printed Name:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_



# CAMP DEWOLFE STOCK NON-PRESCRIPTION OVER THE COUNTER

## [OTC] REFERENCE

Page 2 of 2

**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]			