

CAMP REGESH MEDICAL FORM

Camper's Name _____ Grade _____ Date of Exam _____

Height _____ Weight _____ B.P. _____

Did camper "pass" physical exam?* Y N

Are there any medical conditions of note?* Y N _____

Are there any activities from which camper should be limited?* Y N _____

Does camper have any allergies?* Y N _____

Prescribed Medication: _____ Dosage: _____

Phys. Sign. _____ Date _____

**Attach detailed reports if necessary.*

	Date of Injections				
	1st	2nd	3rd	Booster	Lab. Evidence
MMR					
Polio (include type)					
H.I.B.					
Hepatitis B					
Varicella (chicken pox)					
D.T. (Diphtheria Tetanus)					
D.P.T. (Triple Vaccine)					
Tetanus Toxoid					
Tuberculin Test					
Other:					

Memo to: Camp Regesh Parents
From: The Camp Nurse
Re: Medications

Dear Parents,

Please be advised that no medication – Prescription and non-prescription (OTC) can be administered without consent from your child’s physician and a parent. Both signatures are required (parent and physician.) Should you anticipate your child requiring an over the counter medication such as an Antihistamine, Acetaminophen, Ibuprofen, Tums, etc., please have your physician fill out the consent form below.

Check here if you do NOT want your child to receive ANY medication at camp.

Please circle yes or no:

Acetaminophen	325 for pain or fever 1 or 2 tablets, 6 to 12 years; liquid per age/weight May be repeated in 4 hours as needed	yes	no
Ibuprofen	200mg for pain or menstrual cramps 1 to 2 tablet; liquid per age/weight May repeat 4 to 6 hours as needed	yes	no
Benadryl	25mg-50mg for acute allergic reactions ONLY 1-2 tabs/1-2 tsp liquid	yes	no
Tums	1-2 tablets as needed for indigestion (for children in third grade and above)	yes	no
Cough Drops	lozenge as needed for cough/sore throat (for children in third grade and above)	yes	no

The above medications will be administered, as needed, for the entire summer (2012) unless otherwise indicated by your MD.

I authorized the camp nurse to administer the above medication(s) to:

Child's name: _____

Address: _____

Tel #: _____

BOTH signatures are required**

Parent's Signature **: _____ **Date:** _____

Physician's Signature **: (or MD stamp) _____ **Date:** _____

Please note, prior notification will be given before administering any OTC medication.
Best wishes for a wonderful fun, safe and healthy summer.