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 or developmental conditions of note that could impact on full participation in camp activities?* ☐ 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. (Diptheria Tetanus)					
D.P.T. (Triple Vaccine)					
Tetanus Toxoid					
Tuberculin Test					
Other:					

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	325mg 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 (2021) unless otherwise indicated by your MD.

I authorized the camp nurse to administer the above medications) to:

Child's name: _____

Address: _____

Tel #: _____

BOTH signatures are required**

Parent's Signature **: _____ Date: _____

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

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