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The Nature Place Day Camp - 2012 Medical Form

This form is to be completed and signed by both parents/guardians and physician.
 No camper will be allowed to enter camp without this completed form.
 The physical examination must be within 12 months of starting camp.

Before returning this completed form to The Nature Place, make sure that:

- Your child's physician has signed the bottom of *both* pages 3 and 4
- Your child's physician has filled out pages 3 and 4 completely
- You, the parent, have signed the bottom of page 2

This section to be completed by parent

Child's Name _____
(first) (last)

Address _____
(Street) (Town) (State) (Zip)

Home Phone _____

Parent's Name _____

Cell Phone _____ Business Phone _____

Parent's Name _____

Cell Phone _____ Business Phone _____

First number to call _____ Second number to call _____

Emergency Contacts (If we can not reach parent, you must list three)

	Name	Address	Phone #
1			
2			
3			

Health History

	<i>Please answer and explain any 'yes' answers</i>	YES	NO			YES	NO
1	Recent Injury, illness or infectious disease?			14	Skin Problems?		
2	Chronic or recurring illness/condition?			15	Kidney Disease?		
3	Ever been hospitalized?			16	Diabetes?		
4	Ever had surgery?			17	Braces/Retainer?		
5	Frequent Headaches?			18	Asthma?		
6	Head Injury?			19	Bleeding/Clotting Issues?		
7	Ever knocked unconscious?			20	Use a hearing aid?		
8	Glasses, contacts, protective eye wear?			21	Ever stung by a bee?		
9	Frequent ear Infections?			22	Emotional Difficulties?		
10	Convulsions/seizures?			23	Eating disorder?		
11	Heart Disease/heart murmur?			24	Use an EPI PEN?		
12	Fainting/dizziness?			25	Diet Restrictions?		
13	High Blood Pressure?						

Please explain any 'yes' answers, noting the number of the question.

Allergies (Animals, Food, Insects, Medication, Seasonal), please describe reaction and how handled.

Does your child use an EPI PEN? If yes, please give complete details regarding allergy and symptoms.

Does your child have any special needs – medical, emotional, learning? Our goal is to provide a complete camping experience for all of our campers. To aid us in accomplishing this goal we ask you to provide any additional information about your child which the camp should be aware.

Parental Consent

This health record is correct as far as I/we know, and the person described has my permission to engage in all camp activities except as specifically noted. I hereby give permission to the medical personnel selected by the Camp Directors, the Camp Medical Director or the Trip Leader to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Directors, the Camp Medical Director or the Trip Leader, to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

In addition, I give permission to give my child **over the counter medications and/or prescription medications** according to standard dose and your written doctor's order (see page 4).

Benadryl: Yes No **Ibuprofen:** Yes No **Tylenol:** Yes No **Prescription Meds:** Yes No

Prescription Medication(s): _____

Signature of Parent/Guardian _____ Date _____

This section to be completed by physician

Height	Allergies to Medication
Weight	Allergies to Insects
Blood Pressure	Allergies to Food
Hearing	Allergies to Plants
Hearing Aid	Coordination of Motor Skills
Vision	

Significant health history (allergies, chronic or recurring condition, surgery, serious injuries, cardiac, etc.)

Is this child currently taking medication that will need to be administered at camp? (Indicate medication and dosage)

Does this child have any physical, emotional or mental disability that will affect participation in any camp activity?

Has this child had surgery? (What/when)

Immunization Record: Please list dates

*DPT	#1	#2	#3	#4	#5
Tetanus Booster	#1	#2	#3	#4	
*Polio	#1	#2	#3	#4	
*HIB	#1	#2	#3	#4	
*Measles	#1	#2**			
*Mumps	#1				
*Rubella	#1				
*Hepatitis B	#1	#2	#3		
Tuberculin Test					
*Varicella (Chicken pox)					

** (#2 MMR required if born on or after 1/1/85)

* REQUIRED BY LAW OR MUST HAVE NOTE OF EXEMPTION

Physician's Signature _____

Physician's Address: _____

Phone: _____ Date of Examination: _____ (Must be within 12 months of starting camp)

INDIVIDUALIZED ORDERS for: _____
 (Child's name)

Date of Birth _____ Weight _____

Standard over-the-counter/PRN Medications

The following medications are available in the nurse's office and will be administered at the discretion of the RN, **only if written approval is indicated by the camper's physician**. These are the only OTC medications the camp provides.

<u>Drug Name</u>	<u>Dosage</u>	<u>Schedule and Indications</u>	<u>Doctor's Order</u>	<u>Comment</u>
Benadryl	Per label instructions by age/weight	Q 6 hr prn for allergic reaction (hives, insect bite)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ibuprofen	Per label instructions by age/weight	Q 6 hr prn for pain or fever > _____F	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tylenol	Per label instructions by age/weight	Q 4 hr prn for pain or fever > _____F	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Epi Pen			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inhaler			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Prescription Medication			Yes <input type="checkbox"/> No <input type="checkbox"/>	

These orders are valid for the 2012 camp season

Physician's Signature _____

Physician's License # _____ Date _____

This completed form must be returned to The Nature Place by May 11th, 2012, regardless of when your child is starting camp. If you are enrolling after 5/11/12, or are unable to submit this form by that date for any reason, you must contact the camp office.