

2019 CAMPER EXAMINATION FORM



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IMPORTANT!

- ▽ All Campers must have a completed health form based on a physical exam performed on or after 8/16/17.
- ▽ Must be signed by a **PARENT and PHYSICIAN** and returned to Meadowbrook within 60 days of enrollment. No Camper will be permitted to attend Meadowbrook Day Camp without this form.

Camper Name: _____ Date of Birth: _____

The above named individual was examined in my office on this date: _____

BP: _____ Height: _____ Weight: _____

Office Use Only
G:

In my opinion, this individual is is not able to participate in an active program.

This individual is under my care for the following condition(s): _____

MEDICATION: The above named individual takes the following medication during the winter and/or during the summer (please be specific): _____

ALLERGIES:

Known Allergies:

Food(s): _____ Reaction _____

Medicine(s) _____ Reaction _____

Other _____ Reaction _____

NOTE: Allergy Action Plan Form MUST be submitted with instructions for the treatment of an allergic reaction.

AUTHORIZATION FOR NON-PRESCRIPTION MEDICATIONS:

In the event of a minor medical emergency or illness, the Camp Nurse has my permission to administer the following over-the-counter medications according to the label instructions, at their discretion:

Acetaminophen (Tylenol) <i>for discomfort, pain, fever</i>	Yes	No	Diphenhydramine (Benadryl) <i>for allergic reactions, hives, severe itching</i>	Yes	No	Orajel <i>for toothache, dental pain</i>	Yes	No
Antihistamine (Claritin) <i>For allergy symptoms and hives.</i>	Yes	No	Ibuprofen (Advil/Motrin) <i>for discomfort, pain, fever</i>	Yes	No	Triple Antibiotic Ointment (Neosporin) <i>for minor wounds</i>	Yes	No
Cepacol lozenges <i>for sore throat</i>	Yes	No	Medicaine <i>for bee stings</i>	Yes	No	Tums / Pepto Bismol <i>for upset stomach</i>	Yes	No
Cortisone Cream/Ointment <i>for skin rash on unbroken skin, insect bites</i>	Yes	No	Midol/Pamprin <i>for menstrual pain (if applicable)</i>	Yes	No	Zanfel <i>for poison ivy</i>	Yes	No
Cough Drops <i>for irritated throat or cough</i>	Yes	No	Naproxen Sodium (Aleve) <i>for pain relief</i>	Yes	No			

IMMUNIZATION HISTORY: You may attach a copy of the Camper's Immunization Record.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5		Dose 1	Dose 2	Dose 3		Most Recent
DPT						(MMR)				Meningococcal	
dT or Tdap						Hepatitis B				Prevnar (PCV7)	
Polio (IPV)						Hepatitis A				Last Tetanus	
HIB						Varicella					

Physician's Name _____

Physician's Phone # _____

Physician's Address _____

Physician's Signature _____ Date _____

Physician Office Stamp

PARENT Signature _____ Date _____

