

PHYSICIAN'S STATEMENT/IMMUNIZATION RECORD

PARENTS/GUARDIANS please note the following: Attach a copy of your child's most recent physical. If your child will have an Epi-Pen or asthma inhaler in his possession while at camp, you **AND** your child's physician must complete and sign the back of this form. **By law, we need a physical dated within 24 months prior to the date of the session a camper is registered to attend.**

CAMPER'S NAME: _____ **DOB:** ____/____/____
 (please print) *Last First MI Mo. Day Yr.*

VACCINES	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis DPT Tetanus OR	1. 2. 3.	1. 2. 3.
Tetanus Diphtheria TD OR	1. 2.	1. 2.
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given (most recent)		
Haemophilus influenzae b (HIB)		
Hepatitis B (HPV)		

HEALTH CARE RECOMMENDATIONS BY LICENSED PHYSICIAN

Date of LAST EXAMINATION: ____/____/____

In my opinion, the condition of the camper named above DOES DOES NOT preclude participation in an active camp program.

Height: _____ Weight: _____ Blood Pressure: _____

The above is under the care of a physician for the following condition(s): _____

Current treatment (include current medications): _____

Explanation of any reported loss of consciousness, convulsion, or concussion: _____

Does above have epilepsy? YES NO Does above have diabetes? YES NO

Any treatment to be continued at camp: _____

Any medication to be administered at camp (specify dosages): _____

Any medically prescribed meal plan or dietary restrictions: _____

Any allergies (food, drugs, environmental, plants, insects, etc.): _____

Additional health information: _____

Phone: (____) ____-_____

Licensed Physician's Signature

Address: _____
Street City State ZIP Country

Date of Form completion: ____/____/____

By: _____
 Initial if completed by nurse or physician's assistant.

PERMISSION TO POSSESS & USE EPINEPHRINE AUTO-INJECTOR AND/OR ASTHMA INHALER FOR EMERGENCY CARE

ATTENTION PARENTS/GUARDIANS: This form must be completed in its entirety and signed by a parent/guardian AND physician in order for your child to carry an Epi-Pen and/or asthma inhaler with him while at camp.

THIS SECTION TO BE COMPLETED AND SIGNED BY PHYSICIAN:

Camper's Name: _____

Diagnosis requiring Epi-Pen/asthma inhaler: _____

Are there any other medical conditions? YES NO If YES, please list: _____

The following information about the medication should include:

Date of order: ____/____/____ Name/dose/route of medication: _____

Frequency/time of medication: _____

Does camper need assistance with administration of medication? YES NO If YES, please describe what type of assistance is needed: _____

Specific recommendations for administration (what type of symptoms would indicate need for administration of this medication): _____

List any special side effects, contra-indications and/or adverse reactions to be observed if the medication is administered: _____

List any adverse reactions that may occur to another child, for whom the above medication is not prescribed, should he receive a dose of the medication: _____

As the child's physician, I give permission for this child to possess and use:

EPINEPHRINE AUTO-INJECTOR ASTHMA INHALER

This child has the knowledge and skills to safely possess and use the identified medication in a camp setting.

Physician's Signature: _____ Date: ____/____/____

Physician's Name (printed): _____ Physician's Phone #: (____) ____-____

Physician's Address: _____
Street City State ZIP Country

I/We hereby give permission for the above-named camper to keep the above-named medication in his possession while a camper at YMCA Camp Belknap. I/We will also provide an extra Epi-Pen and/or asthma inhaler that, **by law**, must be kept at the Health Center for emergencies.

Parent/Guardian Signature _____

Date: ____/____/____

Parent/Guardian Signature _____

Date: ____/____/____