

CAMP ANCHOR - Physician Provided Medical Information

Please complete and mail before June 1. Physicals must be dated within one year of the start date of camp or your child will not be permitted to attend Camp.

Upload to CampDoc -- Email: Marilaw@hempsteadny.gov or mail to:
ANCHOR Program, Lido Beach Town Park, 630 Lido Blvd., Lido Beach, NY 11561.

If you have a June appointment, you must send a note with that appointment date.

This form must be completed and signed & stamped by your physician.

Participant Name: _____

Parent Name: _____

Phone #: _____

Address: _____

Emergency Contact Name & Phone #: _____

Immunization Dates - REQUIRED FOR ALL CAMPERS

Polio: _____

DPT: _____

MMR: _____ or _____

Measles: _____ Mumps: _____ Rubella: _____

Hepatitis B: _____

Varicella: _____ Hib: _____

Tuberculosis Screening: _____

****IF THERE IS BLOOD WORK WITH TITRES, PLEASE SUBMIT YEARLY****

Birth Date: _____ Height: _____ Weight: _____ Pulse: _____ BP: _____ Glasses: Y N

Camper's Disability: _____ Speech Ability: _____ Verbal: _____ Non-Verbal

Medical / Surgical History: _____ Special Needs: _____

Describe any abnormalities of heart, skin, eyes, ears, lungs, abdomen, or orthopedic: _____

Does participant have Diabetes? _____ YES _____ NO

Does participant have Asthma? _____ YES _____ NO. If yes, does he/she use an inhaler _____ YES _____ NO

Does participant have any allergies? _____ YES _____ NO; If yes, Specify _____

Does participant have a seizure disorder? _____ YES _____ NO

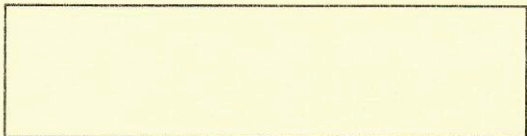
Does participant need to be catheterized? _____ YES _____ NO

Does participant require tube feeding? _____ YES _____ NO

Permission to apply sunscreen? _____ YES _____ NO

Any restrictions on recreational activities: _____

List any medications taken at home: _____



PHYSICIAN'S SIGNATURE

PHYSICIAN'S STAMP

***Date of Examination:** _____

All daily medications and/or emergency/prn medications require physician's orders and parent's written permission.

CAMP ANCHOR MEDICATION PERMISSION REQUEST FORM

In accordance with New York State Board of Health regulations, all campers who need medication during Camp hours must do the following:

1. Present a written consent form signed by parent or legal guardian.
2. Bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law to Parent's Orientation. All medications must be received at least two days before camp begins or your son/daughter will not be permitted to attend camp.
3. Present a completed medication permission request form from prescribing physician as follow:

Name of Camper _____

Date of Birth _____ Camper's Disability _____

To Be Completed By Physician
(Please list medications taken during the camp day **ONLY**.)

MEDICATION	DOSAGE	TIMES	10:00	12:00	2:00
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following side effects are common: _____

The following side effects should be reported to me: _____

Physician's signature

Date

Physician's Name Printed

Physician's Telephone

To Be Completed By Parent or Guardian

I, _____, give permission for my child to receive the above medication as directed.

Date: _____

Parent or guardian's signature