

Camper LAST Name

**Drug Name** 

Antibiotic

**Ointment** 

Session:  $\Delta$  1  $\Delta$  2  $\Delta$  3  $\Delta$  4

Route

Topical

Address

ALL medical records must be in our Recreation Office at least **ONE WEEK PRIOR** to your child's **start date. If ALL 3 FORMS are not received, your child will not be able to attend camp. No refunds. No exceptions.**We cannot guarantee follow up reminders as it is a parent responsibility to make sure all paperwork is received.

## **RECREATION OFFICE USE ONLY**

Camper FIRST Name

Town

Dosage

Per label

instructions

249 Duncan Rd, LaGrangeville, NY 12540

OTHER MED FORMS RECEIVED **1** 1) Yearly Physical 2) Immunization Record

## **MANDATORY PHYSICIAN'S ORDERS**

## This page to be filled out by a physician and returned to:

Standard Over the Counter/PRN Medications (The following medications are available and will be administered at the

discretion of the Health Director or designee, if approval is indicated by the camper's Healthcare Provider.)

Superficial cuts/

abrasions

Indications

(845)724-5692 (FAX)

Date of Birth

State

Camp Program:  $\Delta$  Traditional  $\Delta$  Specialty  $\Delta$  Kids  $\Delta$  CIT

Physician's

Order

Yes No

tymorpark@unionvaleny.us

Zip

Date of Last Physical

Comments

This form r This form r This form must be fadminister the mean the consister of the constant o	Route  must be  filled out and dication und th Directors	e Dosag Sched e complete d signed for all cal der the supervision are only permitte		Campe Prov Y the prescription or/Designed that are list Phone# Licensed	er Health Care vider Order  e child's  n medications whee. eed on this form b  : #:	Comments  physician.  mile at camp must be ab
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Please complete		e Dosag	e & Indications	Campe	er Health Care	1
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Prescription Med		•	Pens, Ritalin, etc. <b>CAMPE</b>			F-ADMINISTER.
		instructions	cuts/abrasions			
Alcohol Wipes	Topical	Per label	Superficial	Yes	No	
Jan Brieffer		instructions				
Wash Sting Relief	Topical	Per label	Insect bite	Yes	No	
Solution/Eye		instructions				
Saline	Topical	Per label	Dust/sand in the eyes	Yes	No	
(or generic)	Торісаі	instructions	(hives, insect bite)	163	NO	
Calamine Lotion	Topical	Per label	insect bites) Allergic reactions	Yes	No	
		instructions	(contact dermatitis,			
Cream			Allergic reactions	Yes	INO	