ALL medical paperwork for all four sessions of summer camp are due by 2PM on June 13th, 2025.

If ALL 3 FORMS are not received, your child will not be able to attend camp/program. 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
OTHER MED FORMS RECEIVED ! 1) Yearly Physical _____ 2) Immunization Record _____

MANDATORY PHYSICIAN'S ORDERS

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

Mailing address: 249 Duncan Rd, LaGrangeville, NY 12540
(845) 724-5600, option #3 (PHONE) (845)724-3757 (FAX) tymorpark@unionvaleny.us

Child's **LAST Name**	Child's **FIRST Name**	___/___/___ Date of Birth	Date of Last Physical

Address	Town	State	Zip

Program: Δ Traditional Camp Δ Kids Camp Δ Teen Leadership Δ TGTT Full Day/Half Day

Camp Session: Δ 1 Δ 2 Δ 3 Δ 4

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.)

Drug Name	Route	Dosage	Indications	Physician's Order	Comments
Antibiotic Ointment	Topical	Per label instructions	Superficial cuts/ abrasions	Yes No	
Hydrocortisone Cream	Topical	Per label instructions	Allergic reactions (contact dermatitis, insect bites)	Yes No	
Calamine Lotion *(or generic)*	Topical	Per label instructions	Allergic reactions (hives, insect bite)	Yes No	
Saline Solution/Eye Wash	Topical	Per label instructions	Dust/sand in the eyes	Yes No	
Sting Relief	Topical	Per label instructions	Insect bite	Yes No	
Alcohol Wipes	Topical	Per label instructions	Superficial cuts/abrasions	Yes No	

Prescription Medications This includes Epi-Pens, Ritalin, etc. **CAMPER MUST BE ABLE TO SELF-ADMINISTER**.
Please complete with the patient's current regimen for both scheduled and PRN medications.

Drug Name	Route	Dosage & Schedule	Indications	Camper Health Care Provider Order	Comments

This form must be completed and signed by the child's physician.

This form must be filled out and signed for all campers. Campers taking any prescription medications while at camp **must be able to self-administer the medication** under the supervision of the Camp Health Director/Designee.
On-Site Camp Health Directors are only permitted to dispense medications that are listed on this form by the child's doctor.

Physician's Name:_____ Phone#:_____
Address:_____ License#:_____
Signature:_____ Date:_____