2018 YMCA East Hampton RECenter
DAY CAMP MEDICAL CLEARANCE

DUE BY MAY 31, 2018

DAY CAMP

GROUP # _____

NO CHILD WILL BE ACCEPTED WITHOUT HEALTH FORM SIGNED BY A PHYSICIAN!

TO BE COMPLETED BY PARENT

Child's Name _____ Age _____ Sex _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip _____

Parent 1 Name _____
Home Phone _____
Work Phone _____
Cell Phone _____

Parent 2 Name _____
Home Phone _____
Work Phone _____
Cell Phone _____

SUNSCREEN PERMISSION

I hereby give permission for my child to use the sunscreen (s)he has brought or the camp supplied, which is approved by the FDA for over-the-counter use to avoid overexposure to the sun. Our child may be assisted by unlicensed staff if (s)he requests.

PARENT SIGNATURE _____

Please list any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or considerations while at camp:

_____

_____

Please list any prescribed medications. **If medication needs to be administered while at camp, please fill out the WRITTEN MEDICATION CONSENT FORM.** All medications must have prescriptions attached, including Epi-Pens and Inhalers.

_____

Please list any allergies (medications, foods, plants, etc.):

_____

List expected reactions and treatments for each allergy:

_____

MEDICAL EMERGENCY PERMISSION

In the event that I or my family cannot be contacted in an emergency, I hereby grant permission to Southampton Hospital to provide a physician to treat the above child.

PARENT SIGNATURE _____ **DATE** _____

TO BE COMPLETED BY DOCTOR

_____ was examined on _____ and found to be in satisfactory health and free from
(Child's Name) (Date)
communicable disease. There is no reason why this child should not participate in routine activities.

DOCTOR'S SIGNATURE _____ **DATE** _____

ADDRESS _____ **PHONE NUMBER** _____

IMMUNIZATIONS (list all dates or attach copy of immunization records) **COMMENTS**

DPT (series of 3) _____, _____, _____
Polio (series of 3) _____, _____, _____
MMR (series of 3) _____, _____, _____
HIB (18mos-5yrs) _____
Hepatitis B (series of 3) _____, _____, _____
Varicella (Chicken Pox) (after Jan 1, 1998) _____
Boosters _____
Date of last Tetanus shot _____

Please attach a photo of the child listed on this form.

WRITTEN MEDICATION CONSENT FORM
(PLEASE PRINT UNLESS OTHERWISE INSTRUCTED)

Child's First & Last Name

Date of Birth

Known Allergies

FOR AUTHORIZED PRESCRIBER TO COMPLETE

Licensed Authorized Prescriber's Name:		Licensed Authorized Prescriber's Phone:
Name of Medication (including strength, if applicable):	Dosage/Amount to be Given:	Route of Administration:
Date to be Discontinued/Length of time in Days to be Given:	Time(s) to be Given:	Refrigeration Required?
Reason for Talking Medication (unless confidential by law):		
Possible Side Effects:	Action to Take If Side Effects Noted:	
Special Instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies, or any pre-existing conditions. Also describe situations when medication should **NOT** be administered.)		
For PRN medication only: Identify the symptoms that will necessitate the administration of medication:		
Describe any additional training, procedures, or competencies the camp staff will need to care for this child:		

MEDICATION CONSENT / AUTHORIZATION

I, _____ request that my son/daughter, _____, enrolled in the YMCA of Long Island Summer Camp, self-administer the medication listed above under the supervision of the Camp Nurse / EMT / Director.

I understand the medication is brought in its original prescription bottle or manufacturer's bottle with the child's name, the name of the medication, and the dosage instructions. I understand that my son/daughter, and only my son/daughter, will self-administer the medication as per his/her physician's orders.

REQUIRED SIGNATURES

Licensed Authorized Prescriber's Name (Please Print) | Licensed Authorized Prescriber's Signature | Date

Parent or Legal Guardian's Name (Please Print) | Parent or Legal Guardian's Signature | Date