

Medical Form for Silver Towers Camp 2017

(To be completed and signed by physician)

This form must be completed, signed and returned with Camp application to: 241 Lincoln Ave. Rutland, VT 05701

Camper's Name: _____ Date of Birth: _____

Please list any current medical concerns this camper may have: _____

Please fill out this next section in its entirety. Physician's orders for each of these medications must be attached including protocols from the doctor for epi-pens and diastat if the camper needs them for allergies or seizures. If any medication changes by the time the camper comes to camp, new orders must be either sent to camp or brought to check in. Physician's orders for camp restrictions must also accompany the camper to camp.

NO CAMPER WILL BE ALLOWED TO STAY AT SILVER TOWERS WITHOUT COMPLETE ORDERS SIGNED BY THE PRESCRIBING PHYSICIAN OR WITHOUT MEDICATIONS IN THEIR ORIGINAL PACKAGING. Additional medications can be listed on a separate piece of paper using the same format as below.

1. Medication _____ Dosage _____ Times taken _____
Reason for taking _____
Prescribing Physician _____ Phone _____
2. Medication _____ Dosage _____ Times taken _____
Reason for taking _____
Prescribing Physician _____ Phone _____
3. Medication _____ Dosage _____ Times taken _____
Reason for taking _____
Prescribing Physician _____ Phone _____
4. Medication _____ Dosage _____ Times taken _____
Reason for taking _____
Prescribing Physician _____ Phone _____
5. Medication _____ Dosage _____ Times taken _____
Reason for taking _____
Prescribing Physician _____ Phone _____
6. Medication _____ Dosage _____ Times taken _____
Reason for taking _____
Prescribing Physician _____ Phone _____

• **Date of last Physical Exam:** _____ **Date of Last Tetanus vaccination:** _____

• **Please list any Allergies:** _____

• **Camper's Height:** _____ **Weight:** _____ **Blood Pressure:** _____

• **Indicate if abnormal:**
 Head Eyes Ears Neck Abdomen Genitalia
 Nose Lungs Heart Mouth Extremities Neurological

• Does this person have any physical, mental, or medical problems that would limit participation in Camp Activities? Yes No If Yes, explain _____

Certification of Participation

I certify that this person may:

- Participate in all routine camp activities
- Participate in camp activities with the following restrictions (please list): _____

Physician's Signature: _____ **Date:** _____

Physician's Name (please print) _____ **Telephone #:** _____

PERMISSION FOR OVER THE COUNTER MEDICATIONS

(To be filled out and signed by parents, home providers or guardians)

Please check any medications that your camper CAN be given if they are sick or injured at camp:

The following medications (or their generic equivalents) **may** be stocked in the camp Health Center and administered as needed. If your camper takes any of these on a regular basis they must be provided by you/camper with a Physician's orders stating that the camper takes this medication on a regular basis. This will allow our nursing staff to administer the over the counter medications as no medication of any kind may be kept in the dorm by campers or counselors.

Pain, Illness & Allergies

Digestion/Upset Stomach

Topical/Skin Products

___ Tylenol or Alevee

___ Tums/Roloids

___ Insect repellent

___ Ibuprofen

___ Pepto Bismal

___ Sunscreen

___ Benadryl

___ Kaopectate

___ Calamine/Caladryl lotion

___ Sudafed

___ Milk of magnesia

___ Skin moisturizer

___ Excedrin

___ Fleets enema

___ Hydrocortisone

___ Robitussin

___ Stool softener

___ Bacitracin/A&D
Ointment

___ Loratidine

___ Fiber tablets

___ Antibiotic ointment

___ Aspirin

___ Imodium

___ Saline eye rinse

___ Chloraseptic spray

___ Athlete's foot ointment

___ Cough drops/throat lozenges

___ Aloe vera

___ Cramp Tabs

___ Lip balm

___ Hydrogen peroxide

Other

___ Epinephrine (Epi-pen for Life Threatening Emergencies) - **If your camper uses or carries an Epi-pen on a regular basis that must come to camp in the original prescription box with an Order from the prescribing physician.**

Camper's Name: _____
(Please Print)

Date of Birth: _____

Parent/Guardian Name: _____
(Please Print)

Phone #: _____

Parent/Guardian's Signature _____

Date _____