PHYSICAL Form for Silver Towers Camp 2018
(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 and must also be signed by the physician.

1. Medication____________________________ Dosage_________________ Times taken ________________
   Reason for taking____
2. Medication____________________________ Dosage_________________ Times taken ________________
   Reason for taking____
3. Medication____________________________ Dosage_________________ Times taken ________________
   Reason for taking____
4. Medication____________________________ Dosage_________________ Times taken ________________
   Reason for taking____
5. Medication____________________________ Dosage_________________ Times taken ________________
   Reason for taking____
6. Medication____________________________ Dosage_________________ Times taken ________________
   Reason for taking____
7. Medication____________________________ Dosage_________________ Times taken ________________
   Reason for taking____
8. Medication____________________________ Dosage_________________ Times taken ________________
   Reason for taking____

- **Date of Physical Exam**: ___________________ **Date of Last Tetanus vaccination**: ________________
  *********While attending camp, this Physical must not be over 1 Year old. ******EXTREMELY IMPORTANT INFORMATION!!!!**
- **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):_____________________

*********THE SECTION ABOVE MUST BE CHECKED OFF BY PHYSICAN TO ATTEND CAMP********

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	_____ Tums/Rolaids	_____ Calamine/Caladryl lotion
_____ Ibuprofen	_____ Pepto Bismal	_____ Hydrocortisone
_____ Aleve	_____ Milk of Magnesia	_____ Bacitracin
_____ Excedrin	_____ Stool Softener	_____ Neosporin
_____ Aspirin	_____ Kaopectate	_____ A & D Ointment
_____ Benadryl	_____ Imodium	_____ Hydrogen Peroxide
_____ Sudafed	_____ Fiber Tablets	_____ Aloe Vera
_____ Loratidine	_____ Fleets Enema	_____ Saline Eye Rinse
_____ Robitussin DM		
_____ Cough Drops/throat Lozenges		
_____ Chloraseptic Spray		

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: ____ **Date of Birth**: _____________________
(Please Print)

Parent/Guardian Name: ___________________________________ **Phone #**: _________________________
(Please Print)

Parent/Guardian's Signature____

Date_____________