

Camper Name: _____ Date of Birth: _____

This **MUST** be completed by a licensed **PHYSICIAN** and is **REQUIRED** for camper **ATTENDANCE**.
Standing Orders Form must be filled out each year.

Attention Physician: The following Over-the-Counter medications will be available in the Infirmary. Administration of these medications is “per label directions” unless otherwise noted. Generic drugs may be used in place of name brands. Please check “yes” for medications the Site Medical Staff is allowed to administer to the camper, as needed.

| Yes | No | |
|-------|-------|--|
| _____ | _____ | Acetaminophen: (discomfort/fever, headache, pain relief) |
| _____ | _____ | Ibuprofen: (discomfort/fever, menstrual cramps, headache, muscle aches) |
| _____ | _____ | Hydrogen Peroxide/Antiseptic Solution (topical, wound cleaning) |
| _____ | _____ | Bacitracin/Neomycin/Polymyxin (topical, antibiotic ointment) |
| _____ | _____ | Calamine/Caladryl Lotion: (topical, skin irritation) |
| _____ | _____ | Hydrocortisone Cream: (topical, skin irritation) |
| _____ | _____ | Ivarest Cream (topical, skin irritation) |
| _____ | _____ | Cepecol Lozenges: (throat irritation, cough) |
| _____ | _____ | Chloraseptic: (throat irritation) |
| _____ | _____ | Robitussin: (cough suppressant, cough expectorant) |
| _____ | _____ | Visine: (eye irritation) |
| _____ | _____ | Benadryl: (topical for skin irritation, oral for allergies/allergy, cold symptoms) |
| _____ | _____ | Claritin (allergies/allergy symptoms) |
| _____ | _____ | Sudafed: (allergies/allergy symptoms, sinus, cold symptoms) |
| _____ | _____ | Imodium: (diarrhea, cramps, bloating) |
| _____ | _____ | Mylanta: (heartburn, acid indigestion, sour stomach, gas) |
| _____ | _____ | Tums: (heartburn, sour stomach, acid indigestion, upset stomach) |
| _____ | _____ | Pepto-Bismol: (nausea, heartburn, indigestion, upset stomach, diarrhea) |
| _____ | _____ | Milk of Magnesia: (constipation) |
| _____ | _____ | Sunscreen (to prevent overexposure to the sun; must be FDA approved) |

All PRESCRIPTION and any additional OVER-THE-COUNTER medications: (Attach sheets as necessary)

| Drug Name | Route | Dosage | Schedule | Comments directed by MD |
|-----------|-------|--------|----------|-------------------------|
| | | | | |
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*** MEDICATIONS MUST BE IN ORIGINAL CONTAINERS ***

A **PHYSICIAN** and a **PARENT/GUARDIAN SIGNATURE** are required by **NYS Dept. of Health** in order to allow the Site Medical Staff to administer **ANY** and **ALL** medications checked **YES**.

| | | |
|---------------------------------------|-------------|-----------------|
| Date of Standing Orders: _____ | Phone _____ | License # _____ |
| Signature of PHYSICIAN : _____ | | |
| Printed Name _____ | | |

Signature of **PARENT/GUARDIAN**: _____ Date: _____

Print Name of Parent/Guardian: _____

Upper New York Camp & Retreat Ministries thanks you for your cooperation.
Please return all forms— to the site you will be attending first—at least three (3) weeks prior to arrival at camp.
A late fee of \$15 will be charged for health forms that are not received at least five (5) days prior to arrival

Upper New York Camp & Retreat Ministries – Physical Examination

(Determines fitness to engage in strenuous camping activities)

The examination must be **within 12 months (1 year)** of the camper's **entire** stay/time at camp.

**** If there is a copy of a physical from the camper's Physician, Health Clinic, School or Sports Physical, please attach.****

****If no physical examination is attached, PHYSICIAN must complete this form for camper to attend camp session.****

Camper Name: _____ **Date of Birth:** _____

Height: _____

Weight: _____

B.P.: _____

Allergies: (please specify) _____

General Appraisal:

Special Considerations:

Restrictions while attending camp:

Other:

I have examined the person herein described and it is my opinion that the individual is physically able to engage in all camp activities, except as noted above.

Date of Physical Exam: _____ Phone _____ License # _____

Signature of PHYSICIAN: _____

Printed Name _____

I understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper: _____ **Date** _____