

Recommendations for Licensed Medical Personnel

FORM 2

Developed and reviewed by: American Camp Association,  
American Academy of Pediatrics Council on School Health, &  
Association of Camp Nurses



Mail this form to the address below by 6/20/ (date)

KENWAL DAY CAMP  
100 DREXEL AVE  
MELVILLE, NY 11747

To Parent(s)/Guardian(s) of minors: Complete this section and give this form (FORM 2) and a copy of your completed Staff HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp \_\_\_\_\_  
Month/Day/Year

home address: \_\_\_\_\_

City State Zip Code

Custodial parent(s)/guardian(s) phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

First

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the Staff member should not be given.**

- |  |                                      |
|--|--------------------------------------|
| Acetaminophen (Tylenol)                        | Calamine lotion                      |
| Ibuprofen (Advil, Motrin)                      | Bismuth subsalicylate (Pepto-Bismol) |
| Phenylephrine (Sudafed PE)                     | Laxatives for constipation (Ex-Lax)  |
| Pseudoephedrine (Sudafed)                      | Hydrocortisone 1% cream              |
| Chlorpheniramine maleate                       | Topical antibiotic cream             |
| Guaifenesin                                    | Calamine lotion                      |
| Dextromethorphan                               | Aloe                                 |
| Diphenhydramine (Benadryl)                     |                                      |
| Generic cough drops                            |                                      |
| Chloraseptic (Sore throat spray)               |                                      |
| Lice shampoo or scabies cream (Nix or Elimite) |                                      |

\_\_\_\_\_

Physical exam done today:  Yes  No (If "No," date of last physical: \_\_\_\_\_)  
Month/Day/Year

ACA accreditation standards specify physical exam within the last 12 months.

Weight: \_\_\_\_\_ lbs Height: \_\_\_\_\_ ft \_\_\_\_\_ in Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

- Allergies:  No Known Allergies
- To foods (list):
  - To medications (list):
  - To the environment (insect stings, hay fever, etc. - list):
  - Other allergies (list):

Describe previous reactions:

Middle

Last

Diet, Nutrition:  Eats a regular diet.  Has a medically prescribed meal plan or dietary restrictions:(describe below)

The Staff member is undergoing treatment at this time for the following conditions: (describe below)  None.

Medication:  No daily medications.  Will take the following prescribed medication(s) while at camp: (name, dose, frequency—describe below)

Other treatments/therapies to be continued at camp: (describe below)  None needed.

Do you feel that the Staff member will require limitations or restrictions to activity while at camp?  No  Yes.

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

Physician Sign Here:

Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_