

IMMUNIZATION HISTORY

Required immunization must be determined locally. This is a record of dates of basic immunizations and most recent booster doses.

DPT Series _____ Booster _____ Tetanus Booster _____

Polio OPV (Savin) _____ Booster _____ Typhoid _____

Measles Vaccine (live) _____ Tuberculin Test _____

German Measles (Rubella) _____ Mumps Vaccine (live) _____

Smallpox _____ Other _____

Other state or municipal examinations required for staff (if any) : _____

MEDICAL EXAMINATION – To be filled out by licensed physician.

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Code:

-- Satisfactory

X-Not Satisfactory (Explain)

O-Not Examined

Height _____ Weight _____ B.P. _____ Hgb. Test _____

Urinalysis _____

Eyes _____

Glasses _____

Ears _____

Nose _____

Throat _____

Teeth _____

Heart _____

Lungs _____

Abdomen _____

Hernia _____

Extremities _____

Posture (Spine) _____

Skin _____

Allergy: Please specify

General Appraisal:

Recommendations and restrictions while in camp

Special Diet _____

Special Medicine (name) _____ Is parent sending it? _____

Swimming, diving _____

Strenuous Activity _____

Other _____

I have examined the person herein described and have reviewed his health history. It is my opinion that he is physically able to engage in camp activities, except as noted above.

Telephone _____

Area Code and Number

_____ M.D.

Examining Physician

Date: _____

Address _____

Medication Sheet



Return to:
Adirondack Woodcraft Camps
 P.O. Box 219
 Old Forge, NY 13420

For your camper's future medical needs at Woodcraft the NYS Department of Health requires direction from your family doctor for us to administer any over the counter medications on an as needed basis. Below is a list of commonly used drugs for your doctor's approval. If there are any additional drugs your doctor think are appropriate please include them at the end.

	Doctor's Approval	
	YES	NO
Swimmer Ear Drops: 1-2 drops every 4 hours		
Afterbite: for insect bites		
Bug Repellent: to prevent bug bites		
Alcohol wipes: for cleaning small wounds		
Betadine: for cleaning small wounds		
Hydrogen Peroxide: for cleaning small wounds		
Sun Tan Lotion		
Chap Stick: Lip Treatment		
Anti-Fungal Cream: for athlete foot & for fungal infections		
Constipation Relief: Use as directed		
Pepto-Bismol: upset stomach 1-2 tablets every 2-3 hours		
Imodium A-D: diarrhea 1 tablet every 2-3 hours		
Ibuprofen: 400mg 2-4 hours for pain and swelling		
Acetaminophen: 500mg 2-4 hours for pain and fever		
Benadryl: 25mg every 4 hours for stuffy nose due to allergy		
Benadryl Itch Relief Cream		
Sudafed: 30mg every 4 hours for stuffy nose due to allergy		
Throat Lozenges: 1 every hour for relief of minor throat irritation		
Antibiotic Cream: for minor cuts and scrapes		
Vaseline Cream: for minor skin irritations		
Calamine/Cala Gel: for bug bites & poison ivy		
Poison Ivy Cream: for itch and discomfort		
Aloe Cream/Cool Gel/Bactine: for minor burns & sun burn		
Lice Treatment Shampoo		
Eye Wash		
Cough Syrup: use as directed		

Please add any additional medication:

Doctor's Approval: _____

Insurance Information

Name of insured: _____ Relationship: _____

Birth Date: _____ Social Security #: _____

Insurance Company Name: _____ ID# _____ Group# _____

Address: _____
 (Street Address) City State Zip

