



MANDATORY PHYSICIAN'S ORDERS for SUMMER CAMP

P.O. Box AB, (2801 Sharon Turnpike) Millbrook, NY 12545 845-677-7600 x 101

This page must be filled out and signed by your child's Physician.
Form Submission Deadlines: Sessions 1 – 4: June 21, Sessions 5 – 8: July 19

Camper's Name: _____ DOB: _____

Camper's Address: _____

Session: 1 2 3 4 5 6 7 8

Standard Over the Counter/PRN Medications

(The following medications are available and will be administered at the discretion of the Health Director or Designee, if approval is indicated by the camper's Healthcare Provider.)

Drug Name	Route	Dosage	Indications	Physician's Order		Comments
Antibiotic Ointment	Topical	Per label instructions	Superficial cuts/abrasions	Yes	No	
Hydrocortisone Cream	Topical	Per label instructions	Allergic reactions (contact dermatitis, insect bites)	Yes	No	
First Aid & Burn Cream	Topical	Per label instructions	Pain/itching from minor cuts, burns, scrapes	Yes	No	
Saline Solution/Eye Wash	Topical	Per label instructions	Dust/sand/debris in eye	Yes	No	
Sting Stop	Topical	Per label instructions	Insect bite or contact with stinging nettle	Yes	No	
Alcohol Wipes	Topical	Per label instructions	Superficial cuts/abrasions	Yes	No	

Prescription Medications: This includes Epi-Pens, Ritalin, etc. Please complete with the patient's current regimen for both scheduled and PRN medications.

Drug Name	Route	Dosage and Schedule	Indications	Health Care Provider Order	Comments

Campers taking any prescription medications while at camp **MUST be able to self-administer the medication** under the supervision of the Camp Health Director/Designee. Camp Health Directors are only permitted to dispense medications that are listed on this form by the child's doctor.

Physician's Name: _____ Phone #: _____ License #: _____

Address: _____ Signature: _____ Date: _____

Please remember to complete both sides of this form!



Immunization Record for Ecology Camp

P.O. Box AB, (2801 Sharon Turnpike) Millbrook, NY 12545 845-677-7600 x 101

This page (or a similar form showing proof of immunization) must be signed by a Physician.

Form Submission Deadlines: Sessions 1 – 4: June 21, Sessions 5 – 8: July 19

Camper's Name: _____ DOB: _____

Camper's Address: _____

Session: 1 2 3 4 5 6 7 8

Dear Physician,

Please attach an Immunization Record for the child named above and sign below.

I certify that the attached list of immunizations submitted reflect the required/recommended immunizations for the following diseases:

All grades (2nd through 12th):

- Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)
- Hepatitis B vaccine
- Measles, Mumps, & Rubella vaccine (MMR)
- Polio vaccine (IPV/OPV)
- Varicella (Chicken Pox) vaccine

Middle & High School (6th and up) - In addition to the vaccines listed above, the following are required for middle and high school students:

- **Grades 6-12:** Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)
- **Grades 7-12:** Meningococcal conjugate vaccine (MenACWY)

Physician's signature _____ Date _____