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.)

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

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Route</th>
<th>Dosage and Schedule</th>
<th>Indications</th>
<th>Health Care Provider Order</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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</table>

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 _______________