

*Mansfield's*  
**Holiday Hill Day Camp**

Holiday Recreation Center, Inc., 41 Chaffeeville Road, Mansfield Center, CT 06250-1112  
TEL 860-423-1375 FAX 860-456-2444 [www.HolidayRecreation.com](http://www.HolidayRecreation.com)

**HEALTH EXAMINATION RECORD FOR CAMPERS AND STAFF**

Physical Examination Forms Are Valid For 3 Years From The Date of The Examination

***Please Return Completed Form to the Camp***

<b>CHECK:</b>  <input type="checkbox"/> <b>Camper</b>  <input type="checkbox"/> <b>Staff</b>	Participant Name _____ Date of Birth _____ Phone _____ Parent/Guardian name(s) _____ Parent/Guardian Address _____ Town _____ State _____ Zip _____ Parent/Guardian Daytime Phone(s) _____
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**TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:**

**Date of Examination** \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ May participate in all camp activities  
 \_\_\_\_\_ May participate except for: \_\_\_\_\_

Medical information pertinent to routine care and emergencies: \_\_\_\_\_

Is this individual taking prescription or over the counter medication(s)?  YES  NO If yes, indicate names of medication(s): \_\_\_\_\_

**NOTE: Medications to be administered at camp require a separate form from the camp office or the Forms area of our website.**

Does the individual have allergies?  YES  NO Explain: \_\_\_\_\_

Is the individual on a special diet?  YES  NO Explain: \_\_\_\_\_

Does the individual have special needs?  YES  NO Explain: \_\_\_\_\_

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF LICENSED MEDICAL PERSONNEL (Physician, CT Licensed A.P.R.N., R.N. or P.A.)**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed \_\_\_\_\_ License #: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City/ST/Zip \_\_\_\_\_ Date: \_\_\_\_\_

**See other side for Authorization to Administer Over-the-Counter, Camp Physician's Standing Order Medications**

**Authorization for the Administration of  
Over-The-Counter Medication by Camp Personnel**

State law requires that there be written authorization for all medications, including over-the-counter medications and medicated ointments and creams as approved by the standing orders of the camp physician. Other than any prescription medications specifically ordered and indicated on separate authorization for the administration of medication forms, only the medications listed below may be administered at camp by the camp nurse and are stocked in the camp health center.

**Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice or Registered Nurse):**

Camper/Staff Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The camp participant named herein may be administered the following by the camp nurse as approved by the standing orders of the camp physician:

Check "Yes" to approve or "No" to disapprove of the administration of the specific medications listed below.

- Yes  No Acetaminophen (dosage as indicated by age/weight) for minor discomfort  
 Yes  No Anti-itch gel or lotion to insect bite, poison ivy, oak, or sumac  
 Yes  No Antiseptic ointment to abrasions, scratches, cuts  
 Yes  No Ibuprofen (dosage as indicated by age/weight) for sore throat discomfort  
 Yes  No Ibuprofen up to 400mg or Acetaminophen up to 650 mg for menstrual discomfort  
 Yes  No Lotion or soothing ointment to sunburn  
 Yes  No NURSE ONLY MAY ADMINISTER Emergency treatment of Allergic Reactions  
Epi-pen Jr. for less than 45 pounds, Epi-pen for those over 45 pounds

**Note on the Administration of Medications at camp:** In most circumstances, medications are administered at camp by one of our licensed Registered Nurses. In certain situations, like after regular camp hours on an overnight and the following Saturday morning, during Mini-Camp and April Vacation Camp, our nurse is not on duty and our health plan operates under the supervision of a Director of First Aid. Only staff trained in the methods of administration of medications shall be allowed to administer medications as prescribed by a camper's physician and as arranged with a camper's family to be administered at camp. A Director of First Aid may not administer the over-the-counter drugs listed herein from the camp's health center supply, but must have a physician's specific written order for Medication Administration and a properly labeled supply of an over-the-counter medication sent from home.

**AUTHORIZATION BY PARENT/GUARDIAN**

I hereby authorize the camp nurse to administer the medications indicated above as ordered by my physician, or approved by my physician and the camp physician.

Printed Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF LICENSED MEDICAL PERSONNEL (Physician, Connecticut Licensed A.P.R.N., R.N. or Physician Assistant)**

The person named herein may be administered the medications indicated above by the camp nurse as approved by the standing orders of the camp physician.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed \_\_\_\_\_ License #: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City/ST/Zip \_\_\_\_\_ Date: \_\_\_\_\_

**Name of Camp Personnel Receiving Written Authorization and Medication** \_\_\_\_\_

**Title/Position** \_\_\_\_\_ **Signature (in ink)** \_\_\_\_\_