



Berkshire Hills 2018 Health Exam Form

Name _____ Birth date _____ Age at camp _____

Health Care Recommendations by Licensed Medical Personnel

I examined the above child on this date: _____ Weight _____ Height _____

In my opinion, this child is able to participate in an active camp program.

This child is under care of a physician for the following conditions and the physician has the following recommendations and/or restrictions for the camper's time at camp (please include allergies/special diet):

Medication: My child's physician and I give the camp permission to administer all of the following medications in generic or brand form as available except the ones I cross out based on the dosage, schedule and for the indications per the medication label instructions. Any medication taken daily by your child must be ordered through our medication service which packages medicines in individual doses.

OTC Medications: These are stocked by camp for use in case of illness.

Dramamine Acetaminophen Zyrtec Allegra Sudafed Mylanta Mira Lax Throat Lozenges
Bonine Ibuprofen Claritin Benadryl Robitussin Pepto Bismol Tums Aloe Vera

Prescription Medication to be taken by your child (please include schedule and dosage for each medicine): _____

Additional Information: _____

SIGNATURE OF LICENSED PHYSICIAN: _____

Printed Name _____ Date: _____ Phone: _____

Address: _____

This health history is correct and accurately reflects the health status of my child, and I give camp permission to administer all the medications listed above. My child has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

PARENT SIGNATURE: _____

Print Name: _____