



Berkshire Hills 2023 CAMPER Health Exam Form

Name: _____ DOB: ____/____/____ Age at camp: _____

Health Care Recommendations by Licensed Medical Personnel

Examination Date: ____/____/____ **Weight:** _____ **Height:** _____

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

This child is under the 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):

My child requires an EpiPen: Yes ____ **No** ____ (Please provide camp with **TWO sets (4 total)** of EpiPens)
EpiPen Name: _____

MEDICATION: My child's physician and I give camp permission to administer all of the following medications in generic or brand form as available based on the dosage, schedule, and for the indications per medication label instructions. **ANY MEDICATION TAKEN DAILY BY YOUR CHILD MUST BE ORDERED THROUGH OUR MEDICATION SERVICE** which packages medicines into individual doses.

Over The Counter (OTC) Medications: *These are stocked by camp in case of illness.*

****PLEASE CROSS OUT ANY OTCs YOU DO NOT WANT YOUR CHILD TO HAVE****

- | | | | | | | | |
|-----------|---------------|----------|----------|------------|--------------|---------|-----------------|
| Dramamine | Acetaminophen | Zyrtec | Allegra | Sudafed | Mylanta | MiraLax | Throat Lozenges |
| Bonine | Ibuprofen | Claritin | Benadryl | Robitussin | Pepto Bismol | Tums | Aloe Vera |

Please list ANY OTHER MEDICATION to be taken by your child. All DAILY medications in pill form must be ordered through our medication service. **WE CANNOT GIVE YOUR CHILD ANY MEDICATION NOT LISTED ABOVE OR BELOW**

Rx Medications	Dosage/Schedule	OTCs (taken DAILY only)	Dosage/Schedule

>>> 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 permission to administer all 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 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 permission to the physician to hospitalize, secure proper treatment for, and order injections, 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: _____