



大紐約區中華文化夏令營 Metropolitan Chinese Culture Camp

Medical Form Part A (Parent Form)

CAMPER'S NAME _____ DATE OF BIRTH _____ AGE AT CAMP _____ MALE /FEMALE

CAMPER'S HOME ADDRESS _____
Street City State Zip

PARENT or GUARDIAN _____

HOME ADDRESS _____ HOME PHONE () _____
Street City State Zip

WORK ADDRESS _____ WORK PHONE () _____
Street City State Zip

CELL PHONE () _____

SECOND PARENT or GUARDIAN _____

HOME ADDRESS _____ HOME PHONE () _____
Street City State Zip

WORK ADDRESS _____ WORK PHONE () _____
Street City State Zip

CELL PHONE () _____

EMERGENCY CONTACT (IF PARENTS or GUARDIANS UNAVAILABLE) _____

Relationship to Camper _____ HOME PHONE () _____ WORK PHONE () _____

Home Address _____ CELL PHONE () _____
Street City State or Country Zip

MEDICAL CONSENT FORM (to be signed by parent or guardian)

This health history is correct and complete as far as I know. The described on this form has permission to engage in all Camp activities except as noted.

I hereby give permission to the Camp Director or medical personnel selected by the Camp Director, to provide, seek, and consent to routine health care, administration of prescribed medications and non-prescription medications (as noted on this form), dental work where needed, and any treatment for my child as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission to the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* for the camper named on this form. Further, it is my intention to have the appropriate representatives of the camp be treated as "personal representatives" for disclosing protected camper health information pursuant to the privacy regulations

promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree to the disclosure to camp representatives of the protected health information of the camper described herein as necessary:

(i) to provide relevant information to the camp representatives related to camper's ability to participate in camp activities; and (ii) to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the camper named on this form. This completed form may be photocopied for use on trips out of camp.

Date _____

Parent's/Guardian's Signature _____

Parent's/Guardian's Printed Name _____

IMMUNIZATION AND DISEASE HISTORY: (Please give dates of immunizations from latest date, then backward in time)

[Note: It is advisable that a Tetanus Booster be administered to provide protection throughout the camp season]

Which of the following has the participant had?

- _____ Measles
- _____ Chicken Pox
- _____ German Measles
- _____ Mumps
- _____ Hepatitis A
- _____ Hepatitis B
- _____ Hepatitis C
- _____ Lyme Disease
- _____ West Nile Virus
- _____ Meningitis

PHYSICIAN: Please give all dates of immunizations for:

VACCINE	Mo./Yr.	Mo./Yr.	Mo./Yr.
DTP	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____
Tetanus	_____	_____	_____
Polio	_____	_____	_____
MMR	_____	_____	_____
or Measles	_____	_____	_____
or Mumps	_____	_____	_____
or Rubella	_____	_____	_____
Haemophilus Influenza B	_____	_____	_____
Hepatitis B	_____	_____	_____
Varicella (Chicken Pox)	_____	_____	_____

PHYSICIAN: TB Mantoux Test:

Date of Last Test: _____

[TEST RESULTS: (circle one)]

POSITIVE NEGATIVE

NON-PRESCRIPTION MEDICATIONS (to be filled in by physician) The following medications are available in the camp's infirmary and will be administered at the discretion of a Registered Nurse if approval is indicated by the camper's health provider.

DRUG NAME	ROUTE	DOSAGE and SCHEDULE	INDICATIONS	PHYSICIAN'S ORDER	COMMENTS
Tylenol (or generic)	PO (chewable, elixir, tabs) PR (suppository)	Per Label Instructions	Pain or Fever	YES NO	
Ibuprofen	PO (chewable, suspension, tabs)	Per Label Instructions	Pain or Fever	YES NO	
Robitussin (or generic)	PO (syrup)	Per Label Instructions	Cough	YES NO	
Pepto-Bismo (or generic)	PO (liquid or chewable tabs)	Per Label Instructions	Upset Stomach Diarrhea	YES NO	
Kaopectate (or generic)	PO (liquid or tabs)	Per Label Instructions	Diarrhea	YES NO	
Mylanta (or generic)	PO (chewable tabs)	Per Label Instructions	Upset Stomach	YES NO	
Chlorpheniramine Chlortrimeton	PO (tabs)	Per Label Instructions	Seasonal Allergy Symptoms	YES NO	
Dimetapp (or generic)	PO (elixir or tabs)	Per Label Instructions	Nasal Congestion Seas. All. Sympt.	YES NO	
Benadryl (or generic)	Topical ointment PO (elixir, chewable tabs/pills)	Per Label Instructions	Allergic Reactions (hives, insect bites)	YES NO	
Antibiotic Ointments	Topical	Per Label Instructions	Superficial Cuts/Abrasions	YES NO	
Hydrocortisone Cream	Topical	Per Label Instructions	Allergic Reactions (bites/poison ivy)	YES NO	
Calamine Lotion (or generic)	Topical	Per Label Instructions	Allergic Reactions (hives, bites)	YES NO	

ADDITIONAL ORDERS (as deemed necessary by health care provider, to be implemented by RN) :

Physician's Name _____ Physician's Phone Number () _____



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Metropolitan Chinese Culture Camp

Medical Form Part B (Physician Form)

MEDICAL EXAMINATION (to be filled in by physician)

CAMPER'S NAME _____

Height _____ Weight _____ BP _____ Hgb. _____ Urinalysis _____

1. This child is under the care of a physician for the following conditions:

2. Please state any physical disability that this child has: _____
3. Has this child had any surgery? If yes, for what, and when?

4. Has this child ever had any serious illnesses? If yes, what type, and when? _____
5. Has this child had any recurring illnesses?

6. Are there to be any restrictions for this child while in camp? _____
7. Are swimming and diving permitted? _____
8. Is strenuous activity permitted? _____
9. Any additional health information or special instructions for this child? _____
10. Any treatment to be continued at camp? _____
11. Any medically prescribed meal plan or dietary concerns? _____
12. Any special instructions for the camp?

I have examined _____ and have reviewed his/her health history. This health history is correct so far as I know. It is my opinion that he/she is physically able to engage in all activities, except as noted above.

Date of Form Completion _____ _____ M.D.
Examining Physician's Signature

MEDICATIONS TO BE TAKEN AT CAMP (to be filled in by physician)

Please list all medications, including all over-the-counter or non-prescription drugs, taken routinely or as needed (PRN). Please send along enough medication for your child's session of camp. In addition, please keep any medication in original packaging so that the original bottle can identify the prescribing physician. (in the case of prescription medication) This will allow us to see the name of the medication, the dosage to be taken, and the frequency of administration.

MEDICATION #1: _____ Dosage _____ Specific Times Taken Each Day _____
Reason For Taking _____

MEDICATION #2: _____ Dosage _____ Specific Times Taken Each Day _____
Reason For Taking _____

EMERGENCY MEDICAL INFORMATION and HEALTH HISTORY (To Be Filled in by Parent with help from Child's Physician)

EMERGENCY MEDICAL INFORMATION

- | | | |
|---|-----|----|
| 1. Will camper have an epinephrine pen at camp? (circle one)
If so, for what condition? | YES | NO |
| | | |
| 2. Is camper allergic to any foods, medications, plants, animals, or insects? (circle one)
If so, what is camper allergic to? | YES | NO |
| | | |
| 3. Is camper asthmatic or does camper have any condition that requires any special care, medication, or diet? (circle one)
If so, what condition and what kind of care is needed? | YES | NO |
| | | |

GENERAL MEDICAL QUESTIONS

- | <u>This camper:</u> | YES | NO | | YES | NO |
|---|-----|-----|---|-----|-----|
| 1. Had any recent injury or infectious disease? | ___ | ___ | 21. Wear braces or have any special caps/crowns on teeth? | ___ | ___ |
| 2. Have a chronic or recurring illness/condition? | ___ | ___ | 22. Have an orthodontic appliance being brought to camp? | ___ | ___ |
| 3. Ever been hospitalized? | ___ | ___ | 23. Have any skin problems? (e.g.- itching, rash, acne) | ___ | ___ |
| 4. Ever had surgery? | ___ | ___ | 24. Have diabetes? | ___ | ___ |
| 5. Have frequent headaches? | ___ | ___ | 25. Had problems with diarrhea or constipation? | ___ | ___ |
| 6. Ever had a head injury? | ___ | ___ | 26. Had mononucleosis in the past 12 months? | ___ | ___ |
| 7. Ever been knocked unconscious? | ___ | ___ | 27. Have done any sleepwalking? | ___ | ___ |
| 8. Wear glasses, contacts, or protective eyewear? | ___ | ___ | 28. Have a history of bedwetting? | ___ | ___ |
| 9. Ever had frequent ear infections? | ___ | ___ | 29. Ever had an eating disorder? | ___ | ___ |
| 10. Ever passed out during or after exercise? | ___ | ___ | 30. Ever had any emotional difficulties for which professional help was sought? | ___ | ___ |
| 11. Ever been dizzy during or after exercise? | ___ | ___ | 31. For female campers, has menstruation begun? | ___ | ___ |
| 12. Ever had seizures? | ___ | ___ | 32. Any special considerations concerning menstruation? | ___ | ___ |
| 13. Ever had chest pain during or after exercise? | ___ | ___ | | | |
| 14. Ever had high blood pressure? | ___ | ___ | | | |
| 15. Ever been diagnosed with a heart murmur? | ___ | ___ | | | |
| 16. Ever had heart defects/disease? | ___ | ___ | | | |
| 17. Ever had bleeding/clotting problems? | ___ | ___ | | | |
| 18. Ever had rheumatic fever? | ___ | ___ | | | |
| 19. Ever had back problems? | ___ | ___ | | | |
| 20. Ever had problems with knees or joints? | ___ | ___ | | | |

Please explain any "yes" answers. Note the question number.

Please note here any special medical communications you would like to receive from us this summer:

Physician's Name (printed) _____

Dentist's Name (printed) _____

Physician' Phone Number () _____

Dentist's Phone Number () _____