



ALL medical records must be in our Recreation Office at least **TWO WEEKS PRIOR** to your child's **start date**.
If ALL 3 FORMS are not received, your child will not be able to attend camp. No refunds. No exceptions.
We cannot guarantee follow up reminders as it is a parent responsibility to make sure all paperwork is received.

RECREATION OFFICE USE ONLY

OTHER MED FORMS RECEIVED 1) Current Physical _____ 2) Immunization Record _____

_____/_____/_____
 Camper **LAST Name** _____ Camper **FIRST Name** _____ Date of Birth _____ Date of Last Physical _____

 Parent/Guardian Full Name _____ Parent/Guardian Cell Phone _____ Parent/Guardian Email _____

Camp Program: _____ Camp Sunny Sprouts _____ Camp Sunny Days _____ Teen Trailblazers

Session(s): _____ 1 _____ 2 _____ 3

Standard Over the Counter Medications

The following medications are available and can be administered at camp by the Health Director or designee,
Parents/Guardian must initial for each over the counter medicine.

Drug Name	Route	Dosage	Indications	Guardian Approval	Comments Guardian's Initial
Antibiotic Ointment	Topical	Per label instructions	Superficial cuts/ abrasions	Yes No	
Hydrocortisone Cream	Topical	Per label instructions	Allergic reactions (contact dermatitis, insect bites)	Yes No	
Calamine Lotion	Topical	Per label instructions	Allergic reactions (hives, insect bite)	Yes No	
Saline Solution (Eyes)	Topical	Per label instructions	Dust/sand in the eyes	Yes No	
Sting Relief	Topical	Per label instructions	Insect bite	Yes No	
Alcohol Wipes	Topical	Per label instructions	Superficial cuts/abrasions	Yes No	

Prescription Medications

This includes Epi-Pens, Inhalers, etc. **CAMPER MUST BE ABLE TO SELF-ADMINISTER.**

On-Site Camp Health Directors are only permitted to dispense medications that are listed on this form by the child's physician

Drug Name	Route	Dosage & Schedule	Indications	Camper Health Care Provider Order	Comments

PHYSICIAN MUST SIGN BELOW AND FORM MUST BE RETURNED TO PLEASANT VALLEY RECREATION

Physician's Name: _____ Phone#: _____
 Address: _____ License#: _____
 Signature: _____ Date: _____