

**TIN MOUNTAIN CONSERVATION CENTER HEALTH MEMORANDIUM FOR SUMMER DAY CAMP**

(This form or its equivalent must be completed by a physician or nurse practitioner)

Tin Mountain Conservation Center requires any child attending camp to have had a physical examination within two years of attending camp, **Physician's orders for prescription drugs to be taken at camp must be written within the current year.**

Name of Child \_\_\_\_\_ was examined on the following date \_\_\_\_\_. In addition, the health history and immunization records have been reviewed.

Any existing medical condition (chronic or recurring illnesses)?

Any known allergies?

Last Tetanus Toxoid Immunization \_\_\_\_\_

Other Immunizations: \_\_\_\_\_ copy attached or \_\_\_\_\_ verified up to date

Are there any factors that would preclude this child from participating fully, in a summer nature day camp. Camps for children over 9 years of age may include canoeing and hiking . ( ) Yes ( ) No

Specify activities to be limited: \_\_\_\_\_

Exceptions, Comments, Concerns, Special Problems, etc.: \_\_\_\_\_

\_\_\_\_\_  
Physician/Nurse Practitioner's Signature: \_\_\_\_\_

Phone \_\_\_\_\_

Print/Stamp Name: \_\_\_\_\_ Date signed: \_\_\_\_\_

**PHYSICIAN ORDERS FOR PRESCRIPTION MEDICATION**

(Must be completed and signed by physician in order for TMCC to give medications)

**MEDICATIONS MUST BE IN ORIGINAL CONTAINER. THE DIRECTIONS ON THE CONTAINER MUST MATCH THE PHYSICIAN'S WRITTEN ORDERS. A WRITTEN ORDER SIGNED BY THE PHYSICIAN MUST BE RECEIVED TO AUTHORITY ANY CHANGE IN DIRECTIONS.**

Is this child on any prescription medications? ( ) Yes ( ) No

1. Medication and dosage \_\_\_\_\_ Times of administration \_\_\_\_\_  
Reason to administer \_\_\_\_\_
2. Medication and dosage \_\_\_\_\_ Times of administration \_\_\_\_\_  
Reason to administer \_\_\_\_\_
3. Medication and dosage \_\_\_\_\_ Times of administration \_\_\_\_\_  
Reason to administer \_\_\_\_\_  
Physician's Signature \_\_\_\_\_  
MD Phone \_\_\_\_\_