

JCC MetroWest Camp Deeny Riback Medical Form - 2016

Return to: JCC MetroWest Camp Deeny Riback

Winter: 760 Northfield Avenue, West Orange NJ 07052 * Summer: 208 Flanders-Netcong Road, Flanders NJ 07836

Phone: (973) 929-2901 Fax: (973) 463-3998

(Please Check Appropriate Box)

Camper

Staff Member

Grade entering Sept. 2016: _____

Name _____ Birthday ____/____/____ Age ____ M F
Last First Middle

Home Address _____ Home Phone: (____) ____ - ____
Street & Number City State Zip

Parent / Guardian 1: Name _____ Cell (____) ____ - ____ Work (____) ____ - ____

Parent / Guardian 2: Name _____ Cell (____) ____ - ____ Work (____) ____ - ____

Emergency Contact: (not parent or guardian)

1. Name _____ Contact Phone # (____) ____ - ____ Relationship: _____

2. Name _____ Contact Phone # (____) ____ - ____ Relationship: _____

Health History: (Check any that apply – giving approximate dates):

Insect Sting Allergy _____ Hay Fever _____ Food Allergy _____ Drug Allergy _____

Convulsions _____ Diabetes _____ Asthma _____ Other _____

ADD / ADHD _____ (IF YES) – Is camper currently on medication for treatment of ADD/ADHD: (Please Check One) YES NO
Name & Dosage of Medication: _____

(IF YES) – Will camper remain on medication during the Summer: (Please Check One) YES NO*

* If No – YOU MUST call camp to discuss *

Please list medications taken at home daily – both prescription and non-prescription: (use an additional page if needed)

MEDICATION: _____ DOSAGE: _____ TIMES: _____

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Operations or Serious Injuries (Dates) _____

Chronic or Recurring Illness _____

Any Specific Activities to be Restricted? _____

Family Physician/Pediatrician: _____ Phone (____) _____

Dentist: _____ Phone (____) _____ Orthodontist: _____ Phone(____) _____

Medical Insurance Information:

This Camper / Staff Member is covered by family medical/hospital health insurance: (Please Check One) YES NO

Insurance Company: _____ Policy Number: _____

Subscriber: _____ Insurance Company Phone Number: (____) ____ - ____

I agree to assume financial responsibility for medical care for my child

Parent/Guardian Signature: X _____ Print Name: _____

(Self if 18 or Over)

PARENT/GUARDIAN OR SELF AUTHORIZATION: (THIS FORM MUST BE SIGNED BEFORE ADMITTANCE TO CAMP)

This health history is correct, so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

Parent/Guardian Signature: X _____ Print Name: _____

(Self if 18 or Over)

I give permission for CDR Healthcare or Administrative Staff to administer Tylenol, Advil, Motrin or Benadryl as needed.

Parent/Guardian Signature: X _____ Date: ____/____/____

(Self if 18 or Over)

IMPORTANT: You must notify Camp Deeny Riback if this camper / staff member is exposed to ANY communicable diseases during the three weeks prior to the start of camp.

Camper/Staff Member Name: _____

JCC MetroWest Camp Deeny Riback Summer 2016

TO BE FILLED OUT BY PHYSICIAN

IMMUNIZATION HISTORY – MUST BE ATTACHED WITH PHYSICIAN'S STAMP

Provisional Admission Attached

Medical Exemption Attached
(Date granted)

Religious Exemption Attached

*** Immunizations must have month, date and year

**** If do not have Pertussis Vaccine – must be on doctors letterhead – as per ACIT or Redbook guidelines.

***Medical Examination: (To be filled out by licensed physician)**

This examination must be performed within 12 months of arrival at camp. Examination for some other purpose within this time is acceptable. Examination is for determining fitness to engage in strenuous activity.

Code: Satisfactory Not Satisfactory (Explain) Not examined

Hgt: _____	Wt. _____	B.P. _____	Hgb. Test _____	Urinalysis _____
Eyes _____			Extremities _____	
Lungs _____			Posture (spine) _____	
Ears _____			Skin _____	
Nose _____			Abdomen _____	
Throat _____			Teeth _____	
Heart _____			General Appraisal _____	

Allergy (circle one): DRUG FOOD INSECT (please specify) _____

(For Girls and Women) Has this person menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____ Special Considerations _____

Recommendations and restrictions while in camp

- Special Diet _____
- Medicine currently taking (names) _____ Is parent sending? _____
- Swimming, Diving _____
- Strenuous Activity _____
- Other _____

Examining Physician Signature: _____ Date: ____/____/____

Full Address: _____ Phone: (____) _____ - _____

**STATE OF NEW JERSEY REQUIREMENTS FOR ADMINISTERING
PRESCRIPTION and NON-PRESCRIPTION MEDICATIONS**

1. Medication shall be administered only after receipt of written permission from the child's parent with time and dosage information.
2. Medications **MUST BE IN ORIGINAL PACKAGING FOR ALL MEDICATIONS (PRESCRIPTION or NON PRESCRIPTION.)**
3. Medication must be labeled with the child's name, the name of the medication, the date prescribed, and directions for administration.
(If requested, unused medication will be returned to parent when no longer being used).

Camp Deeny Riback requires that medication being given for an extended period of time remain at camp. Please measure out what you will need at home and send us what is needed at camp in the original container. This ensures that we will not forget to send the medicine home at the end of the day and you will not forget to send it in the next day. Please send in dosage cup or spoon, as regular teaspoons are not an accurate measurement for medications.

We ask your cooperation in helping us to provide a camp environment which promotes good health and well being. The following guidelines, which outline the average time and specific conditions under which an illness may be communicable, will be helpful when deciding if you should send your child to camp. If you have questions or concerns beyond these guidelines, please consult your physician and follow his/her recommendations.

COLDS - it is not possible to clinically determine the specific virus causing a cold. The period of infectiousness of different cold viruses range from one to three days. The safest course of action is to wait three days after your child contracts a new cold before bringing to camp.

BACTERIAL CONJUNCTIVITIS (PINK-EYE) - once antibiotic treatment has started, bacterial conjunctivitis is not generally communicable. There is however a second type of conjunctivitis associated with viral infection in epidemic form that is highly contagious for several days. Consult a physician before bringing a child that has conjunctivitis to camp.

STREP THROAT - 24 hours after antibiotic treatment has started, the illness is no longer considered contagious. However, it is important to note that even though the child may not be infectious, children often don't feel well enough to participate in camp after the 24-hour period. Therefore families will need to take into consideration the child's physical condition.

FEVER - after any infection associated with fever over 100 degrees, a child should remain at home until he has been without fever for over 24 hours. Also, note that during early morning hours, a fever will often register as normal, rising again later in the afternoon. It is important to give the child at least a 24-hour period where he is free of elevated temperature before returning to camp.

VOMITING/DIARRHEA - children who have been suffering from vomiting or diarrhea should be given a period of time to regain their strength before returning to camp. Again, a day free from vomiting or diarrhea following such an illness would be best.

COUGHS - Families should be sensitive to the cause of the coughing that the child is experiencing in order to decide whether or not to attend camp.

CHICKEN POX/VARICELLA - This illness is very contagious and the child is contagious from when the cold-like symptoms first start to when the last of the pox is crusted over. Expect the rash to last about 10 days. If all of the pox is crusted, your child is no longer contagious.

Remember that any time you are not sure if your child is well enough to come to camp, the best decision is to stay home. Feel free to call our Health Care Director with any questions!

Please use this form to outline specific instructions for administering medication to your child at camp.

MEDICATIONS: Summer 2016

- ◆ Please send medications to camp by giving it to your Bus Counselor or bringing it to the camp office.
- ◆ Call and confirm that we have received the medication.
- ◆ Camp will refrigerate, secure and / or store all medications.
- ◆ All medications must be in a properly labeled, **original container**, with a note specifying dosage, time, and frequency, anticipated duration of treatment and dispensing directions.
- ◆ **Pharmacy labels are required on all prescription medications.**
- ◆ FYI: You can request two containers from the pharmacist. Please supply sufficient amounts of medication to remain at camp. We will not send medications back and forth each day. At the end of the summer session, we will discard all unused medications or, if requested, we will send home unused medications.
- ◆ The Camp Health Care Staff is authorized to administer medication by your signed medical form.
- ◆ If you give medication to your child before coming to camp, please inform camp. This ensures that there will be no overmedication if a standing order exists.

Camper's Full Name: _____

Date: ____/____/____

Grade Entering September 2016: _____

Group: _____

Please give my child the following medication(s) daily or as needed:

Medication _____ For _____

Dosage _____ Time _____

Medication _____ For _____

Dosage _____ Time _____

Medication _____ For _____

Dosage _____ Time _____