GREATER BURLINGTON YMCA
CAMP ABNAKI

Please read this before completing the form below:

Please double check that the form you are submitting contains at minimum the following information, as some of the physical forms used by medical offices may not. We will ask for the form to be completed again if it does not contain these items. When in doubt, ask to have our camp specific form filled out!

- Camper Name
- Camper Date of Birth
- Date of Exam
  - Must be denoted separately from the date of the Doctor's Signature
  - Must be dated within 24 months of the start of camp
- Clearance for physical activity without restrictions
- Doctor's Signature
- Date of Signature
  - Must be dated after October 1st, 2023. We require a new form for each summer, as a lot can change in over a year

Thank you for your diligence in making sure these items are included!

Sincerely,

YMCA Camp Abnaki Administrative Team

Recommendations for Licensed Medical Personnel

FORM 2

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

american CAMP association®

the YMCA **GREATER BURLINGTON YMCA CAMP ABNAKI**

Forms are due 3 weeks prior to your son's arrival at camp.
Please upload this document to your UltraCamp Account in the Document Center, or fax it to us at (802)713-1005

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) to your child's health-care provider for review.

Dates will attend camp: from _____ (Month/Day/Year) to _____ (Month/Day/Year)

Camper Name: _____ (First) (Middle) (Last)

☐ Male ☐ Female Birth Date _____ (Month/Day/Year) Age on arrival at camp _____

Camper home address: _____

_____ (City) (State) (Zip Code)

Custodial parent(s)/guardian(s) phone: (_____)_____ (_____)_____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. ***Medical personnel: Cross out those items the camper should not be given.***

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheneramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimite)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: *Please complete all remaining sections of this form (FORM 2). Attach additional information if needed.*

Physical exam done today: ☐ Yes ☐No **(If "No," date of last physical:** _____ (Month/Day/Year)**)**

ACA accreditation standards specify physical exam within the last 24 months.

Weight: _____ lbs Height: _____ft_____in Blood Pressure_____/_____

Allergies: ☐ No Known Allergies

☐ To foods ***(list)***:

☐ To medications: ***(list)***:

☐ To the environment ***(insect stings, hay fever, etc.– list)***:

☐ Other allergies: ***(list)***:

Describe previous reactions:

Diet, Nutrition: ☐ Eats a regular diet. ☐ Has a medically prescribed meal plan or dietary restrictions:(describe below)

The camper is undergoing treatment at this time for the following conditions: ***(describe below)*** ☐ None.

Medication: ☐ No daily medications. ☐ Will take the following prescribed medication(s) while at camp: ***(name, dose, frequency—describe below)***

Other treatments/therapies to be continued at camp: ***(describe below)*** ☐ None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? ☐ No ☐ Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____ (Street) (City) (State) (Zip Code)

Telephone: (_____)_____ Date of Form Completion: _____ (must be after 10/1/23)

Camper Name (First) (Middle) (Last)

(For Camp Use) Cabin or Group _____

(For Camp Use) Session Code(s): _____