

DUNKIRK CAMP AND CONFERENCE CENTER, INC.

3602 East Lake Road, Dunkirk, NY 14048 (716)366-1900

**Please scan & fax this form, a current physical and immunization records to: (716)242-1444
or mail to the address above.**

Dear Physician:

The following child has registered to attend a camp at our facility. **Our NYS Health Department regulations require a copy of the child's physical, immunizations and that this form be filled out by a physician to allow our nurse to dispense any prescription medications as well as over-the-counter medications.**

Thank you in advance for your assistance.

Anne Wilmot
Camp manager

Camper's Name: _____

D.O.B _____

Prescription Medications:

Name of Medication: _____

Dosage _____ Specific times taken each day _____

Reason for taking this medication _____

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Dosage _____ Specific times taken each day _____

Reason for taking this medication _____

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Dosage _____ Specific times taken each day _____

Reason for taking this medication _____

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Dosage _____ Specific times taken each day _____

Reason for taking this medication _____

Please attach separate sheet for additional prescription medications or Over the Counter Medications:

I approve over the counter medications to be administered to _____ as prescribed.

Acetaminophen:

Pepto-Bismol:

Motrin:

Benadryl:

Tums:

Calamine Lotion:

Maalox:

Kaopectate:

Physician's Signature: _____ Date _____