



WOODBOURNE, N.Y.

**LANSMAN'S DAY CAMP** • 103 Murphy Road Woodbourne, NY 12788  
(845) 434-8480 • LansmansDayCamp@gmail.com • www.lansmansdaycamp.com

## PHYSICAL EXAMINATION FORM

*(To be completed and signed by physician)*

Name of Camper:	Height:	Weight:	
Date of most recent complete physical exam (month/ year):		DOB:	
<b>MEDICAL HISTORY: PLEASE CHECK ALL THAT APPLY</b>			
<b>ILLNESSES: Dates / Details</b>			
Chicken Pox _____	Measles _____	Diabetes _____	Hernia _____
Mumps _____	Asthma _____	Convulsions _____	Appendicitis _____
Whooping Cough _____	Stomach Trouble _____	Heart Trouble _____	Ear Infections _____
Rheumatic Fever _____	Frequent Colds _____	Kidney Problems _____	Other _____
Please explain:			
<b>MEDICATION INFORMATION</b>			
Will this child be bringing medication to camp*? Yes _____ No _____			
If yes, does this child have the ability to self administer medication**? Yes _____ No _____			
Type of medication and dosage times: _____			
<b>*Only self-administered medication will be allowed. No as-needed medication is allowed at camp with the exception of Epi-Pens &amp; inhalers. Prescription medication must be in its original container with labeling that includes but is not limited to:</b>			
<ul style="list-style-type: none"><li>● Complete name of patient</li><li>● Date prescription filled</li><li>● Expiration date</li><li>● Directions for use/precautions (if any), and storage (if any)</li><li>● Dispensing pharmacy name &amp; address</li><li>● Name of physician prescribing medication</li></ul>			



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**\*\*Please note that self-administration is only allowed for those individuals determined to be “independent” and they must have the ability to: identify the right type of medication, identify the purpose of the medication, determine the correct dosage is being administered, identify the time the medication is needed, describe what will happen if medication is not taken, and refuse to take medication if they were to have any concerns about its appropriateness.**

**All medication must be carefully marked with instructions, including a note of authorization from the parents that this medication may be administered by the child, and give the name of the prescribing physician.**

**All campers’ medication (prescription or nonprescription) must be accompanied by a patient specific written order from a licensed prescriber. Pharmacy labeling on the medication is not sufficient for this purpose.**

**IMMUNIZATION RECORD: New York State mandates that every child is fully immunized in order to attend camp. Please provide a complete immunization history attached to this form.**

Physician's Comments and Recommendations:

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Address

Phone

Fax

Email

Registry #

PLEASE EMAIL FORM TO: [LANSMANSDAYCAMP@GMAIL.COM](mailto:LANSMANSDAYCAMP@GMAIL.COM) OR FAX TO: 845-468-7025