ENCAMPMENT '16 MEDICAL FORMS

These forms should be EMAILED back to us, or uploaded into REGPACK:

 PHYSICAL EXAM FORM		
 USY/KADIMA Medication Form	(If you are bringing ANY I	medications to camp)

All paperwork is to be either UPLOADED into REGPACK or SCANNED IN and emailed to:

TZAFON – Goldmeer@uscj.org

Or

EPA/HAGESHER – Bass@uscj.org

(Please send to the email based on your home region)

Or uploaded to your specific region REGPACK account.

Questions or for more information,
USYers/Kadimaniks from TZAFON: please call SANDRA GOLDMEER, Regional Youth Director,
at 518-859-1241, or email: goldmeer@uscj.org

USYers/Kadimaniks from EPA/HAGESHER: please call KATIE HERRON, Regional Youth Director, at 215-870-7902, or email: kherron@uscj.org

PHYSICAL EXAMINATION FORM

To be filled out by licensed physician.

INSTRUCTIONS

DEADLINE FOR HEALTH FORM – AUGUST 1, 2016

NOTE: This is REQUIRED for ALL PARTICIPANTS

The date of examination must be have been in the last
12 months (Since August 1, 2015).

NAME OF CHILD: _	

	DATE OF EXAMINATION:					
	nth and year) of basic immunization and					
Vaccines	Year of Basic Immunization	Year of Last Booster				
Diphtheria	1					
Pertussis (Whooping Cough)	2	2				
Tetanus	3					
Or						
Tetanus						
Diphtheria						
Or						
Tetanus						
Oral Polio (Sabin)* TOPV						
Injectable Polio (Salk)						
Measles (hard measles, red measles, Rubeola)						
Mumps						
Rubella (German measles, 3-day measles)						
Other						
Tuberculin test given(most recent)						
Health Examination by Licensed Phys	ician					
Code: √ Satisfactory						
Code. V Salisfactory	x – Not Satisfactory (explain)					
Llast D.D. Lluinalusia	toot done	Ligh Took down				
Hgl B.P Uninalysis	s test done Wt	Hgb. rest done				
Eyes Extremities	Glasses Posture (Spine)	Ears				
Skin Nose Allergies	(please specify)					
		A				
Teeth Heart Menstrual	historyLungs	Abdomen				
Throat Genitalia	Hernia General ap	opraisal				
I have examined the above camp applicar	nt on (date)					
In my opinion, the above condition does _	/does not preclude his/her par	ticipation in an active camp program.				
The applicant is under the care of a physic	cian for the following condition(s):					
Current treatment (include current medica	tion):					
Is child recovering from addiction, eating of	lisorders or psychological conditions?					
Explanation of any reported loss of consci	ousness, convulsion, or concussion					
Does applicant have epilepsy? Yes	No Does applicant have	e diabetes? Yes No				
Recommendations and Restrictions Wi	nile at Camp (diet, medicine, treatment, etc	2.)				
	• (,				
A 1 101 - 111 - 22 - 2						
Additional Health Information						
Licensed Physician's Signature**	Phone (<u></u>				
Print physician's full name:						
Full Address	*Initial if o	completed by nurse or physician's assistant				

Parents -

Following is our **ENCAMPMENT MEDICATION FORM** for the upcoming encampment. If it will be necessary for your child to take any medication, included but not limited to, prescription, over the counter or any other dietary or health supplement, please make sure to carefully complete and return this form (by either uploading it to Regpack along with the physician form or Emailing it to the one of the email addresses below) before Encampment.

No medication will be dispensed unless we have written instructions.

In past years, we have had instances of improperly labeled medications. For the safety of your child and all other participants, the following will be strictly adhered to:

- All medications will be collected upon arrival, outside of Epi-pens and Inhalers.
- All medications will be dispensedor administered by the medical staff. The usual times will be at meals, unless there is absolute need for other times, which are indicated on the form.

To be accepted in camp, each medications must be in its <u>Original Container</u>. In addition, <u>all</u> <u>prescription medications must have:</u>

- The original prescription label
- The names of your child and doctor, date of prescription, directions and medication name.
- One medication per container. Please make sure they are in the correct container.

All medications not prescribed, or not absolutely necessary, should not be sent to camp. The infirmary is stocked with all standard over the counter medications (i.e., Tylenol, Sudafed, cough syrup, PeptoBismol, Mylanta, etc..) When sending medications to camp, please send them in one large Ziploc bag with your child's name on it in Tape and separated by daily medications and "as needed" medications.

If your child's medical history or medication needs change before Encampment, **please call us prior to Encampment** to update their files, as well as sending us a note with your child to confirm these changes. While we realize changes may occur even the day before, we need this information to correctly care for your child.

Please list all medications on the Medication form and return, along with the Physician form, to:

TZAFON – Goldmeer@uscj.org

Or

EPA/HAGESHER – Bass@uscj.org

Please use whichever email applies to your specific region.

NOTE: FAILURE TO FOLLOW THESE INSTRUCTIONS MAY MEAN THAT A PARTICULAR MEDICATION MAY NOT BE DISPENSED OR ADMINISTERED.

Encampment '16 Kadima / USY MEDICATION FORM

This form authorizes USCJ staff to hold and to provide the participant with his/her prescription medication as required.

USYer/Kadimanik's Name		Date of	_ Date of Birth						
Height	Weight	Gender	Male Fen	nale					
Drug Allergies									
	MEDICATION NAME		DOSE IN MILLIGRAMS/ & # OF PILLS	TH	FRI	SAT	SUN	MON	TU
BREAKFAST									
LUNCH									
DINNER									
BED TIME									
"AS NEEDED"									
MEDICATION JUST LIST									
	, USY/Kadima that I am (m edical treatment, and I au	•		_		_	-	ter:	
EPI PEN	INHALER	TOPIC	AL CREAM	NASA	AL SPR	AY			
My child and I	understand and agree to foll	ow the instruc	tions set forth in tl	he letter tha	at acco	mpani	ed this	form.	
Signature of Pa	ront or Guardian			Date					

PLEASE NOTE – USY AND KADIMA MUST KNOW IN ADVANCE OF ANY CHANGES IN MEDICATION.