



Important Information

HEALTH

HEALTH FORMS. Need to be uploaded online prior to the first day of camp.

New York State Department of Health mandates this. Children will not be allowed to attend camp without these forms completed. Parents may have their physician fill out our Health Form or may bring their physician's form attached to our form. If form is attached, please be sure to complete all missing information that is required. Everyone must complete the top portion of the Gold's Gym Health Form, regardless of the form the physician uses. It is imperative that we have all phone numbers and emergency contact information.

CAMP PRESCRIPTION & OVER THE COUNTER MEDICATION FORMS

The New York State Department of Health recommends that these two forms be filled out by your child's physician if there is a chance that the child may be taking medications during camp. These forms must be uploaded to your online account prior to start of camp.

MEDICATION & HEALTH CONCERNS

Any medication and health concerns should be explained to the EMT and child's head counselor on the first day of each week that your child is registered for camp.

CHILD DISABILITIES

As per amendments made in 2016 to the NYS DOH Children's Camp Code, camps have been advised to "identify camper disability information (developmental and/or physical) during the camp's enrollment process." In addition, camps are advised to determine if such children have an "individual treatment, care or behavioral plan that address a camper's unique physical, medical, behavioral and/or social needs." Such a plan is not necessary, but if one exists the details should be shared with the camp.

LUNCH

Campers must bring a bag lunch. Lunch should be packed in a cool lunch box. Cool lunch boxes will be stored in a cool room until lunch time. Refrigeration is available for campers without a cool lunch box.

WAIVERS & RELEASE FORM

These items will be taken care of in your online account at time of registration.

PICTURE & VIDEO RELEASE STATEMENT

Gold's Gym LaGrange may take group and individual photos of children in our camp. Still and video images may be used for promotional and marketing purposes.

BIKING & HIKING ON RAIL TRAIL

We will be taking hiking and biking trips on the Rail Trail. Campers will be supervised at all times by a qualified staff member. Camp staff will be in complete communication with the EMT (Health Staff) on all trips by cell phone. Trips will start and finish at Gold's Gym LaGrange site. Only campers who pass the bike test will be allowed to go biking on the trail.

BEHAVIOR

Camp staff will contact parents of a child who behaves inappropriately during camp. Bullying will NOT be tolerated. If behavior is extreme, parents may be asked to take their child out of camp. No refunds will be granted.



Report of Health Examination

Child's Name: _____ Date of Birth: _____

Parent 1 Name: _____ Cell #: _____ Work #: _____

Parent 2 Name: _____ Cell #: _____ Work #: _____

Address: _____

Emergency Contact: _____ Phone #: _____

IMMUNIZATIONS

Vaccine	1st Dose	2nd Dose	3rd Dose	Booster	Booster
DTap					
Hep B					
Polio					
MMR					
Varicella					
Hib					
COVID-19					

MAJOR ILLNESSES OR OPERATIONS

Nutrition _____ Tonsils _____ Pulse _____
 Orthopedic (Posture) _____ Teeth _____ Abdomen _____
 Orthopedic (Feet) _____ Thyroid _____ Genitalia _____
 Skin _____ Lymph Glands _____ Extremities _____
 Eyes _____ Lungs _____ Speech _____
 Ears _____ Heart _____ Neurological _____
 Nose _____ Blood Pressure _____

GENERAL

Is this child capable of participating in the full program including physical activities? YES ____ NO ____ If no, how must the program be modified to meet the needs of the child? _____

Does the child have a history of any allergies? YES ____ NO ____ Asthma? YES ____ NO ____ Diabetes? YES ____ NO ____ Seizure Disorder? YES ____ NO ____ If yes to any of the above, please list specific allergies, medications and treatments for all. _____

Physical Examination Date: _____ Height _____ Weight _____ BP _____ Pulse _____ Resp _____

OTHER: _____

Physician Name: _____ Date: _____

Physician Signature: _____



Medication Form

PRESCRIPTION MEDICATIONS (Please complete with the patient's current regime for both scheduled and PRN medications):

Drug Name	Route	Dosage and Schedule	Indications	Camper Health Care Provider Order	Comments

ADDITIONAL ORDERS (As deemed necessary by health care provider to be implemented by an RN or supervised self-administration by an EMT or RTE certified staff member)

Parent/Guardian Permission for Independent Carry and Use

I agree that my child can use their medication effectively and may carry and use this medication independently at camp. Staff intervention and support is needed only during an emergency.

Signature: _____ Date: _____

Camper's Health Care Provider Name (Print): _____

Phone #: _____ License #: _____

Address: _____

Signature: _____ Date: _____



Medication Form

Name of Child: _____

Date of Birth: _____ Weight: _____

The following form must be completed by the child's physician. If the child will be taking any prescription medication while at camp, the doctor must also complete the reverse side of this form. Camp Nurses are only permitted to dispense medications to the child that are listed on this form by the child's doctor. EMT and RTE certified can supervise the self-administration of medication.

OVER THE COUNTER MEDICATIONS (The following medications are available in the Gold's Gym Health Office)

Drug Name	Route	Dosage and Schedule	Indications	Camper Health Care Provider Order	Comments
Tylenol (or generic)	PO (Chewable, elixir, or tabs)	Per label instructions by Age/Weight	Pain or Fever	Yes No	
Ibuprofen	PO (Chewable tabs, suspension, or tabs)	Per label instructions by Age/Weight	Pain or Fever	Yes No	
Cough Drops	PO	Per label instructions by Age/Weight	Cough	Yes No	
Eye Wash		Per label instructions by Age/Weight		Yes No	
Sunscreen	Topical	Per label instructions by Age/Weight		Yes No	
Tums	PO (Chewable tabs)	Per label instructions by Age/Weight	Upset Stomach	Yes No	
Sudafed (or generic)	PO (Tabs or Liquid)	Per label instructions by Age/Weight	Nasal Congestion Eustachian Tube Congestion	Yes No	
Soothe-A-Sting Swabs	Topical	Per label instructions by Age/Weight	Insect Sting	Yes No	
Benadryl (or generic)	PO/Topical (Elixir, Chewable Tabs or Pills/Ointment)	Per label instructions by Age/Weight	Allergic Reactions (hives, insect bite)	Yes No	
Antibiotic Ointment	Topical	Per label instructions	Superficial cuts/abrasions	Yes No	
Hydrocortisone Cream	Topical	Per label instructions	Allergic reactions (contact dermatitis or insect bites)	Yes No	
Calamine Lotion	Topical	Per label instructions	Allergic reactions	Yes No	

OTHER: _____