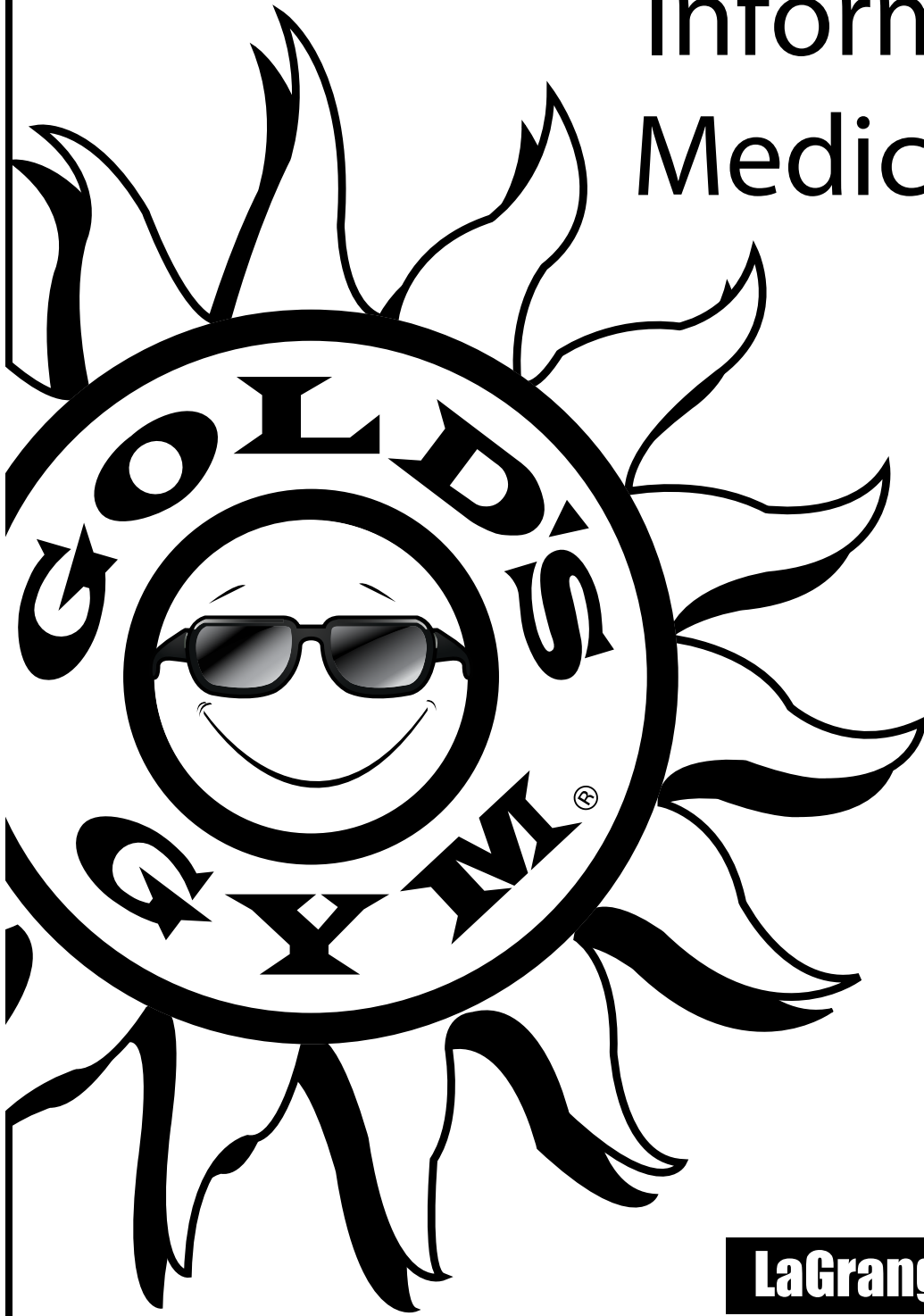


Important Parent Information & Medical Forms



LaGrange 2020

Summer Camps

For more information, contact Rob Misch at 845-926-7829 or email:
robm@goldsgymhv.com; kidslg@goldsgymhv.com

Important Information

LaGrange **2020**

Summer Camps

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 own physician fill out our Health Form or may bring their physician's form attached to our form (stapled to back). If form is attached, please be sure to complete all missing information that is required (i.e., emergency contact information). 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. Health Forms are available in this packet.

CAMP "PRESCRIPTION" & "OVER THE COUNTER" MEDICATION FORMS The New York State Department of Health recommends that these 2 forms be filled out by your child's physician if there is a chance that the child may be taking medications during the camp day. These forms must be uploaded to your online account prior to start.

MEDICATION & 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 a camp. The EMT will be located in the gymnasium at the EMT table during camp sign-in. An EMT will be located in the Senior Early Arrival/Late Departure room during the early program starting at 7:00am each Monday.

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 PROGRAM Campers will be given the choice of bringing a bag lunch from home or purchasing a lunch from The Camp Café located on site at Gold's Gym LaGrange. Children who bring a lunch should pack it 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. Some camps will eat in the cafe and others will eat elsewhere on site. Children who buy lunches must bring money on the days they would like to purchase lunch.

WAIVERS & RELEASE FORM These items will be taken care of in your online account.

PICTURE & VIDEO RELEASE STATEMENT Gold's Gym Lagrange may take group and individual photos of children in our camp programs. Still and video images may be used for promotional/marketing purposes. This form will be taken care of in your online account.

BIKING AND HIKING ON THE RAIL TRAIL Gold's Gym Lagrange Summer Camp will be taking hiking and biking trips on the Rail Trail. Campers will be supervised at all times by a qualified staff. Camp staff will be in complete communication with the EMT (Health Staff) on all trips by cell phone. Trips will start and finish at the 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.

For more information, contact Rob Misch at 845-926-7829 or email:
robm@goldsgymhv.com; kidslg@goldsgymhv.com

Report of Health Examination

LaGrange **2020**

Summer Camps

Name of Child: _____ Date of Birth: _____

Mom's Name: _____ Cell #: _____ Dad's Name: _____ Cell #: _____

Address: _____

Home #: _____ Mom's Work #: _____ Dad's Work #: _____

Emergency Contact: _____ Phone #: _____

IMMUNIZATIONS

Vaccine	1st Dose	2nd Dose	3rd Dose	Booster	Booster
Diphtheria-Tetanus-Pert					
Diphtheria-Tetanus-Ped					
Diphtheria-Tetanus-Adult					
Trivalent Oral Polio					
Measles			Other Vaccines		
Mumps			HIB		
Rubella					

MAJOR ILLNESSES and OPERATIONS

Physical Examination Date	
Height:	Percentile:
Weight:	Percentile:
Nutrition:	
Orthopedic (posture):	
Orthopedic (feet):	
Skin:	
Eyes:	
Ears:	
Nose:	
Tonsils:	

Teeth:
Thyroid:
Lymph Glands:
Lungs:
Heart:
Blood Pressure:
Pulse:
Abdomen:
Genitalia:
Extremities:
Speech:
Neurological:

GENERAL ASSESSMENT (comments)

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 _____ If yes, list specific allergies along with medication used in treatment.

OTHER:

Date: _____ Signature of Physician: _____

Physician Full Name: _____

Medication Form

LaGrange 2020**Summer Camps**

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) PR (suppository)	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	
Robitussin (or generic)	PO (syrup)	Per label instructions by Age/Weight	Cough	Yes No	
Pepto-Bismol (or generic)	PO (Liquid or chewable tabs)	Per label instructions by Age/Weight	Upset Stomach, Diarrhea	Yes No	
Kaopectate (or generic)	PO (Liquid or tabs)	Per label instructions by Age/Weight	Diarrhea	Yes No	
Children's Mylanta (or generic)	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	
Chlorpheniramine	PO (Chewable Tabs, Suspension or Tabs)	Per label instructions by Age/Weight	Seasonal Allergy Symptoms	Yes No	
Soothe-A-Sting Swabs	Topical	Per Label Instructions	Insect Sting (i.e. bee sting)	Yes No	
Dimetapp (or generic)	PO (Elixir or Tabs)	Per label instructions by Age/Weight	Nasal Congestion Seasonal Allergy Symptoms	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 Instruction	Superficial Cuts/Abrasions	Yes No	
Hydrocortisone Cream	Topical	Per Label Instruction	Allergic Reactions (contact dermatitis, or insect bites)	Yes No	
Calamine Lotion (or generic)	Topical	Per Label Instruction	Allergic Reactions (hives, insect bites)	Yes No	

For more information, contact Rob Misch at 845-926-7829 or email:
robm@goldsgymhv.com; kidslg@goldsgymhv.com

Medication Form

LaGrange 2020**Summer Camps**

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)

Camper's Health Care Provider Name (print): _____ Phone #: _____

Address: _____ License #: _____

Signature: _____ Date: _____

For more information, contact Rob Misch at 845-926-7829 or email:
robm@goldsgymhv.com; kidslg@goldsgymhv.com