



# 2025 Physician Form

Return via: upload to camper dashboard or

(email) info@oswegatchie.org

The completion of this form is required by the NYS Department of Health on or before the day your child arrives at camp. This form allows us to treat your camper while they are in our care. We also require a copy of your campers current immunization records and a copy of your campers insurance card. A photo of these items can be uploaded or a hard copy can be provided on registration day.

Camper First Name: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_

Parent / Guardian First and Last Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**Part Two: Health Care Recommendations Completed by a Licensed Medical Personal**

The following questions must be filled out by a physician, and pertains to the camper listed above.

Date: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

**In my opinion, the above applicant IS / IS NOT able to participate in an active camp program.**

The applicant is under the care of a physician for the following conditions:

\_\_\_\_\_

Treatments to be continued at camp: \_\_\_\_\_

Limitations in camp activities: \_\_\_\_\_

The NYS Department of Health was instructed in 2003 that all summer campers must have individual written orders from a physicians before a camper can receive any medications, including over the counter (OTC) medications. All medications will be distributed by our medical director.

**Please circle the medications that you allow the camper to take.**

*Acetaminophen/ Antibiotic Cream/ Aspirin/ Benadryl/ Calamine Lotion/ Claritin/ Cough Drops/  
Ibuprofen/ Imodium/ Pepto Bismol/ Robitussin DM/ Sore Throat Spray/ Tums/*

Other OTC Medications: \_\_\_\_\_

Physicians Name (print) : \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_