



2026 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: _____

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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: _____
