



**2024 TOWN OF PAWLING SUMMER CAMP PHYSICIAN FORMS**

**CAMPER NAME:** \_\_\_\_\_

**CAMPER DATE of BIRTH:** \_\_\_\_\_

**PRESCRIPTION MEDICATIONS**

Please include ALL MEDICATIONS your child is prescribed, including epi-pens, inhalers, etc. CAMPER MUST BE ABLE TO SELF-ADMINSTER! On-call Health Directors or Designees are only permitted to dispense medications that are listed by the child's physician.

DRUG NAME	ROUTE	DOSAGE & SCHEDULE	INDICATIONS	HEALTH CARE PROVIDER ORDER & COMMENTS

**PHYSICIAN MUST SIGN AND A COPY MUST BE SUBMITTED TO PAWLING RECREATION**

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ LICENSE #: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMMUNIZATION RECORDS**

IMMUNIZATION	MONTH & YEAR RECEIVED	IMMUNIZATION	MONTH & YEAR RECEIVED
Diphtheria		Poliomyelitis	
Haemophilus influenza type B		Tetanus	
Hepatitis B		Varicella (chicken pox)	
Measles, Mumps, Rubella			

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 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_