



**Camp Karole of The Jewish Center of the Hamptons, LLC
Doctors Medical Form 2012**

Medical information must be completed by a Doctor prior to starting camp. Your child cannot attend camp unless this form is complete and received by the camp nurse.

Camp Examination Form -- Approved by American Academy of Pediatrics

Name _____ Date _____

was examined and found to be in satisfactory health and apparently free from communicable disease. There are no apparent contra-indications to participating in routine camp activities. Has this child been exposed to a communicable disease within the last 30 days?

Yes _____ No _____

Comments, special problems, allergies, etc. Please list any possible findings.

Signed: _____, M.D.

Name printed: _____

Address: _____

**ABSOLUTLY NO DAILY MEDICATION (*THIS INCLUDES
TYLENOL*) WILL BE DISPENSED WITHOUT WRITTEN
DOCTOR'S ORDERS.**

Specify drug, route, and amount to be given by camp nurse and time to be given. A doctors written and signed order is required to administer ANY medication.

A copy of your child's immunization history must accompany this form. If a child does not have an immunization history a formal letter from the parent is required and needs to address the issue of why you have chosen not to give your child any and/or all immunizations.