



# FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com

## CURRENT Immunization Record

You may use our form (below) OR your doctor's records.

This information must accompany any ALL DAY CAMP, SENIOR CAMP, or TEEN TRAVELER registration forms at time of registration. If this information is not provided at that time, the registration forms will be returned to you.

Camper's Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Camp \_\_\_\_\_

Please give all dates of Immunization OR attach a photocopy of Official Records:

VACCINE	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	/	/	/	/	/	/
TD	/	/	/	/	/	/
Tetanus	/	/	/	/	/	/
Polio	/	/	/	/	/	/
MMR	/	/	/	/	/	/
Or Measles	/	/	/	/	/	/
Or Mumps	/	/	/	/	/	/
Or Rubella	/	/	/	/	/	/
HiB*	/	/	/	/	/	/
HepB	/	/	/	/	/	/
Varicella	/	/	/	/	/	/

\* Although HiB is not required for school, it is a **Mandatory Immunization** to attend Camp.

Which of the following diseases has your child has? Circle all that apply.

Measles	Hepatitis
Chicken Pox	Tuberculosis
German Measles	Rheumatic Fever
Mumps	

### Restrictions

Explain any physical, emotional or mental restrictions to activity (e.g. what cannot be done, what adaptation or limitations are necessary).



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## Medication Form

***If your child is currently taking medication, please complete the rest of this page and have it signed by your child's physician. Your child will not be allowed to attend camp without it.***

**Individualized Orders for:**

Camper's Name \_\_\_\_\_

D.O.B \_\_\_\_\_ Camp \_\_\_\_\_

*This form **must** be completed for any camper currently taking medication. Campers taking any prescription medications while at camp must be able to self-administer the medication under the supervision of the Camp Health Director. The Camp Health Director is only permitted to dispense medications that are listed on this form by the child's doctor.*

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ License No, \_\_\_\_\_

Signature (not Stamped) \_\_\_\_\_ Date    /    /

### **PERSCRIPTION MEDICATIONS**

**Please complete the table below with the patient's current medication regimen for both scheduled and PRN medications (this includes Epi-Pens, Ritalin, etc.):**

<b>Drug Name</b>	<b>Route</b>	<b>Dosage and Schedule</b>	<b>Indications</b>	<b>Camper HealthCare Provider Order</b>	<b>Comments</b>	<b>At Home</b>	<b>At Camp</b>

SEE OTHER SIDE: