



MEDICAL HISTORY

MEDICAL FORM (To be completed by Physician)

Student's Name _____

Address: _____

Date of Birth (mo/day/yr) _____ M / F (Please circle one)

Please indicate the childhood illnesses the student has had and complete the information about student's current physical condition. If the student has not had that illness or condition, please check the "NO" box.

CHILDHOOD ILLNESSES	Yes	No	Date	CURRENT PHYSICAL CONDITIONS	Yes	No
Chicken Pox				Asthma		
German Measles				Bleeding/Clotting Disorder		
Measles				Cancer		
Mumps				Convulsions/Seizures		
Shingles				Diabetes		
				Frequent Ear Infections		
ALLERGIES				Heart Defect/Disease		
Hay Fever				High Blood Pressure		
Insect Sting Reaction				Kidney Disease		
Penicillin				Lung Disease		
Poison Ivy, Poison Oak, etc.				Vision Impairment		

IMMUNIZATION HISTORY

The Drones and Droids program requires a complete immunization history for each student enrolled in the Droids and Drones Summer Camp program. This information must be completed by the student's physician or nurse practitioner. We also ask that the Droids and Drones Camp Program Coordinator be notified if the student has been exposed to any communicable diseases in the three weeks prior to the start of the program.

The student cannot be enrolled until we have this information on file.

DPT (Diphtheria, Pertussis & Tetanus) List dates received	1 st	2 nd	3 rd	Booster	Booster
Polio (Oral) List dates received	1 st	2 nd	3 rd	Booster	Booster
MMR (Measles, Mumps, Rubella) List dates received	1 st	2 nd			
Varicella (chicken pox) List dates received	1 st	2 nd	3 rd	Booster	Booster
HB (Hepatitis B) List dates received	1 st	2 nd	3 rd		

I verify that all immunizations are current for the above named student.

Name of Doctor or Nurse Practitioner _____

Doctor's Address _____

Doctor's Phone Number _____

Doctor's Signature _____ Date _____
(REQUIRED)

6-DAY MEDICATION RECORD

Name: _____

Date of Birth: _____
(mo/day/year)

IT IS DROIDS AND DRONES SUMMER CAMP PROGRAM POLICY THAT, AT CHECK IN, ALL MEDICATIONS MUST BE GIVEN TO DROIDS AND DRONES CAMP HEALTH STAFF TO BE KEPT IN A SECURE PLACE MONITORED BY DROIDS AND DRONES SUMMER CAMP HEALTH STAFF OR TEAM LEADERS.

MEDICATION NAME	MEDICAL CONDITION	DOSE	START DATE	END DATE	TIME (am/pm) or with Meal

** If you need more space, please attach additional page. This form is confidential and will be shredded by August 15, 2018. **

******* All medications must be in their original vial which outlines the prescription and the doctor's contact information. *******

OVER-THE-COUNTER MEDICATIONS AVAILABLE AT DROIDS AND DRONES SUMMER CAMP FOR CAMPERS WITH PERMISSION

The following over-the-counter medications are available from Droids and Drones Camp Health staff. Please indicate if the student has permission to take each of these medicines "as needed" by checking yes or no. Only medicines that are circled "YES" and determined to be necessary will be administered at the discretion of a registered nurse. Administration of these medicines will be per label instructions unless otherwise indicated by the student's physician.

Please circle "YES" or "NO" for each medication:

Tylenol (discomfort/fever)	YES	NO	Imodium (diarrhea)	YES	NO
Advil (discomfort/fever)	YES	NO	Mylanta (stomach upset)	YES	NO
Throat Lozenges (throat irritation/cough)	YES	NO	Tums (heartburn/stomach upset)	YES	NO
Benadryl or Claritin (allergies)	YES	NO	Auro Dri (swimmer's ear)	YES	NO
Chloraseptic Spray (throat irritation)	YES	NO	Hydrogen Peroxide	YES	NO
Cortizone Cream (topical for skin irritation)	YES	NO	Neosporin	YES	NO
Visine (regular and allergy for eye irritation)	YES	NO	Pepto Bismol	YES	NO
Milk of Magnesia (constipation)	YES	NO			

Comments: _____

Campers are responsible for informing Droids and Drones Summer Camp Staff that they need to take their "as needed" medication. Campers may not share any medication with other campers and may not sell their medication to other campers.

Parent/Guardian name (please print) _____

Parent/Guardian signature _____ Date _____

Doctor's signature _____ Date _____
(REQUIRED)