USDAN SUMMER CAMP FOR THE ARTS

PROUD PARTNER UJA Federation NEW YORK

HEALTH FORM

Due May 31, 2027

Email to: healthoffice@usdan.org or **Mail to:** 185 Colonial Springs Road, Wheatley Heights, NY 11798

Child's Last Name _____ Child's First Name _____ DOB _____

PHYSICAL EXAMINATION

☐ Immunizations attached

Height: _____ Eyes: _____ Nose: _____
Weight: _____ Vision: _____ Throat-tonsils: _____

Posture & Spine: _____ Glasses/Contacts: _____ Abdomen: _____
Feet: _____ Ears: _____ Hernia: _____

Skin: _____ Hearing: _____ Genitalia: _____

Blood Pressure: _____ Teeth: _____ Neurological Findings: _____

Lungs: _____ Heart: _____ Other: _____

Describe abnormal findings and/or handicapping conditions: _____

_____

List allergies or current medications: _____

_____

MEDICATIONS

For pain &/or fever >100°F: Children's Motrin: _____ mg q6h OR Children's Tylenol: _____ mg q4h
For hives/allergic reactions:
Children's Benadryl - q6h: _____ 12.5mg _____ 18.75mg _____ 25mg _____ 31.25mg _____ 37.5mg _____ 43.75mg _____ 50mg _____

PERSCRIPTION MEDICATIONS TO BE TAKEN DURING CAMP

*Please complete the additional forms "Parent and Physician's Authorization for Administration of Medication at Usdan" and "Emergency Self Medication Release Form" if applicable

Name:_____ Dosage/Time:_____
Name:_____ Dosage/Time:_____
Name:_____ Dosage/Time:_____

I believe this child is able to attend a summer group program and participate in its activities. I give permission for the camp nurse to administer the above-listed medications.

Restrictions: Swimming _____ Diving _____

_____ _____
Name of Physician (print or stamp) Date of Examination

_____
Physician's address and phone number

_____ _____
Signature of PHYSICIAN Signature of PARENT