



Jewish Community Center of Greater Rochester
 The William and Mildred Levine Building
 1200 Edgewood Avenue
 Rochester, NY 14618
 www.jccrochester.org



Child Health Form for Physician

TO BE COMPLETED BY LICENSED MEDICAL PERSONNEL AND SIGNED BY BOTH PARENT AND PHYSICIAN

Child Name: _____ Date of Birth: _____

I have examined the above listed program participant, Date of last examination _____

BP: _____ Weight: _____ Height: _____

In my opinion, the above participant is is not able to participate in an active program.
 In my opinion, the above participant is is not free from contagious and communicable disease.

Does the child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and require health and related services of a type or amount beyond that required by children generally? Yes No
 If yes, please describe any additional training, procedures or competencies the camp program staff will need to care for this child.

The participant is under the care of a physician for the following conditions:

Current treatment at the time of this report includes:

Any known allergies:

Description of any limitation or restriction on camp activities:

Signed: _____
 Physician Signature Date

Parent Authorization for Over-the-Counter Topical Medications

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the child should NOT be given.***

Calamine Lotion	Cortisone Cream
Topical antiseptic ointments (Neosporin)	Sunscreen
Topically applied insect repellent	Anti-Poison Ivy lotion (Tecnu)

Permission is granted for the above to be dispensed according to package directions or as recommended by a professional trained in medication administration:

Signed: _____
 Parent/Guardian signature Date