



## HEALTH CARE PACKET CHECKLIST

- \_\_\_\_\_ Health History (Green) Form 2017 completed and signed by parent.
- \_\_\_\_\_ A copy of your child's Medical Insurance Card (Both front and back).
- \_\_\_\_\_ Medical Exam (Gold) Form 2017 completed and signed by physician.
- \_\_\_\_\_ Request for Medication to be Administered at Camp (Blue) Form must be signed by **BOTH** parent and physician. Medication dosage must be instructed as daily or as needed. **Please note, this form is only to be used if your child takes prescription or over-the-counter medication(s) while at camp.**
- \_\_\_\_\_ EpiPen Procedure (Orange) - If your child requires an EpiPen, please review.
- \_\_\_\_\_ Camper Profile (Purple) Form both front and back completed by parent.
- \_\_\_\_\_ Emergency Contacts and May Take (White) Form completed by parent.

Please send entire packet of forms together **BEFORE MARCH 1st** to:

Driftwood Day Camp  
1191 Old Country Road  
Plainview, NY 11803

Or email the forms to:  
driftwooddaycamp@gmail.com

*Please make sure to make a copy of all forms for your records.*

**\*\*If there are any medical concerns,  
please email nursekelly@driftwooddaycamp.com\*\***



*Voted Best on Long Island Eight Years in a Row!*

