



DRIFTWOOD DAY CAMP

331 Mt. Misery Road, Melville, NY 11747 • (631) 692-6990 • www.driftwooddaycamp.com

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.
- _____ **Standing Order (Yellow) Form for every Pre-Teen and Teen Travel Campers** completed by a parent and signed by both a parent and physician.
- _____ **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!

