



Dear Driftwood Families:

Welcome to the beginning of Driftwood's 2017 Camp Season. Our summer program begins on Monday, June 26th and ends on Friday, August 18th. **Enclosed are important papers that must be completed by March 1st. If your child(ren) is not registered for the full 8 weeks and you have not yet chosen or confirmed their weeks, please either call or email us to confirm their weeks as soon as possible. We are now preparing bus routes. If you are planning on moving or have moved since enrolling, you must notify our office by email ASAP.**

**** Please return all forms by March 1, 2017 ****

- **HEALTH HISTORY (GREEN) FORM 2017:** This form is used by our nurses to contact parents. If you have a number you prefer to be reached at during the day, please indicate it on this form, and include area codes. **Please attach a copy of your child's Medical Insurance Card (front and back) when returning this form.**

- **MEDICAL EXAM (GOLD) FORM 2017:** Please have your physician fill out the Medical Exam Form (physician's generic form is acceptable); **Make sure immunization dates are included. DO NOT wait for their upcoming 2017 physical exam! PLEASE SUBMIT THIS COMPLETED FORM or the DOCTOR'S GENERIC FORM of the camper's most recent physical by 3/1/17.** It is a New York State law that no camper is permitted to begin camp without this form completed by their physician.

- **REQUEST FOR MEDICATION (BLUE) FORM:** Required if your child takes any medications (prescription or over-the-counter) during camp, late nights or overnights. Our nurses are not allowed to dispense any medications without doctor's orders, even over-the-counter-medications. All medications brought to the health office **must** be in the original labeled container.

- **EPIPEN PROCEDURE (ORANGE):** If your child requires an EpiPen, please note that EpiPens are due in the Health Office by 6/19/17.

- **PRE-TEEN AND TEEN TRAVEL STANDING ORDER (YELLOW) FORM:** **This form must be completed for every Pre-Teen and Teen Travel Camper** and signed by both the Parent and Physician along with the Physician's stamp. Driftwood will provide the medications on the standing order form so please do not send these medications in.

- **CAMPER PROFILE (PURPLE) FORM:** This is a reference source to help the Group Leader and Nurses learn about your child's interests, likes, dislikes, previous camp experiences, fears, etc. This information is kept confidential. Should you have any concerns that you wish to discuss further with us, please give us a call at 631-692-6990.

- **EMERGENCY CONTACTS & MAY TAKE (WHITE) FORM:** This form must be completed for each camper to release your child to anyone (other than the parent), either at camp or off the bus. We will not be able to accept verbal authorization. Please list first and last names. Our Bus Drivers review these forms, so we do ask that you list all allergies on this form as well.

These forms **must** be returned to us by March 1st. **Our medical staff needs ample time to review everyone's information, so please do not wait for their upcoming physical. We want to remind everyone that Driftwood (as well as on our Buses) is a Peanut/Tree Nut Free Facility.** We look forward to a fun and safe 2017 summer for your children at Driftwood. Again, if you have any questions, please call us at 631-692-6990 or email us at driftwooddaycamp@gmail.com.



Thank you,
Your Driftwood Family

Voted Best on Long Island Eight Years in a Row!





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****



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DRIFTWOOD DAY CAMP HEALTH HISTORY FORM 2017

Driftwood Day Camp
331 Mount Misery Road
Melville, NY 11747
631-692-6990 Fax: 631-692-4140

RETURN BY March 1, 2017

Name _____ Birthdate _____ Sex _____ Age _____
Last First

Mother or Guardian: _____ Daytime #: (____) _____

Cell # (____) _____ Work # (____) _____ Home # (____) _____

Father or Guardian: _____ Daytime #: (____) _____

Cell # (____) _____ Work # (____) _____ Home #: (____) _____

Mother's Email: _____ Father's Email: _____

Address: _____
and Street City State Zip

Emergency Contact #1 Name: _____ Emergency Contact # (____) _____

Emergency Contact #2 Name: _____ Emergency Contact # (____) _____

HEALTH HISTORY (TO BE COMPLETED BY PARENT)

Allergies to food or medication: _____

EpiPen Required? YES or NO (If yes, see EpiPen Procedure Form) Has an EpiPen been used on your child? YES or NO

Operations or serious injury: _____

Chronic or recurring illness or medical condition: _____

Daily Medications – (IF YES, MUST FILL OUT ADDITIONAL BLUE FORM). Circle One: YES or NO

As Needed Medications – (IF YES, MUST FILL OUT ADDITIONAL BLUE FORM). Circle One: YES or NO

Name of Physician _____ Phone _____ Fax _____

Insurance (MUST ATTACH COPY OF CARDS): Insured Name _____ DOB _____

Policy Number _____ Name of Insurance Co. _____ Group _____

Policy Holder's Employer _____
Name Address Phone

Important: This box must be signed for attendance to camp.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted on this form. **Authorization of Treatment:** I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for me/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physicians selected by the camp director to secure and administer treatment including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

Signature of Parent/Guardian _____ Witness _____ Date _____

I also understand and agree to abide with the restrictions placed on my camp activities. _____

Signature of Parent/Guardian _____ Date _____ Restricted Activities (Please List) _____

DRIFTWOOD DAY CAMP MEDICAL EXAM FORM 2017

RETURN BY March 1, 2017

Driftwood Day Camp
331 Mount Misery Road
Melville, NY 11747
631-692-6990 Fax: 631-692-4140

CHILD'S NAME: _____ **DOB:** _____

DATE OF PHYSICAL: _____

PHYSICIAN COMPLETE (*Actual Readings)

*Height:	*Blood Pressure:	*Pulse:
*Weight:	Abdomen:	
Eyes:	Hernia:	
Ears:	Heart:	
Vision: w/glasses w/o glasses	Lungs:	
Nose & Throat:	Urinalysis: Sugar: Protein: Blood: _____	
Mouth & Teeth:	Orthopedic: *Scoliosis:	
Skin:	Allergies: Seasonal Life threatening Asthma Medication	

IMMUNIZATIONS AND TESTS

Immunizations	Date	Date	Date	Date	Date
	1 st Dose	2 nd Dose	3 rd Dose	1 st Booster	2 nd Booster
Polio					
DPT					
Tdap or TD					
MMR					
Measles					
Mumps					
Rubella					
Hib					
Hep B					
Hep A					
Varicella					
Pneumococcal					
PPD (Tuberculin)					
Meningococcal Vaccine					
Other					

Any Recommendations and/or Restrictions while at Camp. _____

Specify any history of Asthma, Diabetes, Seizures, Fainting, Bed Wetting, Psychological/Social problems, etc.

The applicant is under the care of a physician for the following condition(s):

Current medications:

Any medically prescribed meal plan or dietary restrictions:

Any allergies (food, drugs, plants, insects, etc):

Physician's Signature and Stamp _____

Address: _____ Phone: _____

DRIFTWOOD DAY CAMP

Phone: 631-692-6990

Fax: 631-692-4140

driftwooddaycamp@gmail.com

REQUEST FOR ADMINISTRATION OF MEDICINE - 2017

This form must accompany all medications (Over-The-Counter and Prescriptions) that are kept and administered at camp.

DO NOT RETURN THIS FORM UNLESS ACCOMPANIED BY ANY MEDICATIONS

IN ORDER FOR MEDICATIONS TO BE ADMINISTERED AT DRIFTWOOD DAY CAMP, STATE LAW REQUIRES THAT WE RECEIVE A WRITTEN REQUEST FROM YOUR FAMILY PHYSICIAN WHICH IS SIGNED BY BOTH PHYSICIAN AND PARENT. THE FORM MUST SHOW THE FREQUENCY, DOSAGE, AND SIDE EFFECTS, AND MUST BE ON FILE.

CHILD'S FIRST NAME: _____ **LAST NAME:** _____

TO BE COMPLETED BY A PARENT OR GUARDIAN:

I REQUEST THAT DRIFTWOOD DAY CAMP ADMINISTER THE MEDICATION(S) REQUESTED BY MY PHYSICIAN TO MY CHILD. I WILL DELIVER THE MEDICATION(S) DIRECTLY TO DRIFTWOOD DAY CAMP IN A CONTAINER LABELED BY THE PHARMACIST WHICH INCLUDES THE NAME AND DOSAGE OF THE MEDICATION.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED AND SIGNED BY THE PHYSICIAN:

DIAGNOSIS	Medicaton: Prescription or over-the-counter	Strength/ Dosage	Frequency	Side Effects To Expect or Report	Special Dispensing Instructions

PHYSICIAN'S SIGNATURE & STAMP: _____ **DATE:** _____

Driftwood Day Camp

EPIPEN PROCEDURE - 2017

Dear Parent,

If your child has an allergy that requires an **EPIPEN**, a **request for medication order form** must be completed and signed by the parent and physician, and an **EPIPEN** must be brought in **BEFORE THE START OF CAMP**.

By delivering your child's **EPIPEN** before camp, it allows the camp nurse to place it on your child's designated camp bus before the first day of camp. The nurses office will have stock EPIPENS (JR & SR) for emergencies during camp.

The medical staff needs ample time to review and organize medical paperwork.

**EPIPENS ARE DUE BY
JUNE 19, 2017**

EPIPEN CHECKOFF LIST

ITEMS TO BE BROUGHT TO NURSES OFFICE

- MEDICATION ORDER (BLUE) FORM COMPLETED BY PHYSICIAN/PARENT
Please make sure you have submitted to the Nurse your child's Request for Medication form
- EPIPEN INJECTABLE (JR / SR)
- CHECK EXPIRATION DATE
- PLACE EPIPEN IN THE ORIGINAL CARRIER TUBE
This carrying TUBE is designed specifically for the EpiPen[®] and protects the device from UVB, accidental discharge, and damage.
- PLACE EPIPEN IN A ZIPLOCK BAG
The ziplock bag needs to be properly labeled with your child's first and last name.

If you have any questions please contact Joanne Kelly, Head Nurse at nursekelly@driftwooddaycamp.com. Thank you for your cooperation.

DRIFTWOOD PRE-TEEN AND TEEN TRAVEL

Phone: 631-692-6990

Fax: 631-692-4140

driftwooddaycamp@gmail.com

STANDING ORDER FORM - 2017

MUST BE SIGNED BY PARENT AND PHYSICIAN

Please have doctor check the yes or no box for all.

CHILD'S NAME _____ GROUP _____	YES	NO
HEADACHES/FEVER/PAIN		
<i>TYLENOL (Acetaminophen) 10-15MG/KG WEIGHT EVERY 4-6 HRS AS NEEDED</i>		
<i>MOTRIN (Ibuprofen) 5-10MG/KG WEIGHT EVERY 6-8 HRS AS NEEDED</i>		
ALLERGIC REACTION/ALLERGIES		
<i>BENADRYL (Diphenhydramine) 6-12YRS=25MG >12 YRS= 25-50MG EVERY 4-6 HRS AS NEEDED</i>		
STOMACH UPSET		
<i>TUMS OR EQUIVALENT 2 CHEWABLES AS NEEDED</i>		
MOTION SICKNESS		
<i>DRAMAMINE (Dimenhydrinate) 6-12 YRS=1/2-1 TABLET EVERY 6-8 HRS AS NEEDED</i>		
<i>DRAMAMINE (Dimenhydrinate) >12 YRS = 1-2 TABLETS EVERY 4-6 HRS AS NEEDED</i>		
<i>BONINE (Mecilizine hydrochloride) >12 YRS = 12.5MG 1-2 TABLETS 1 HR BEFORE TRAVEL EVERY 24 HRS AS NEEDED</i>		
DECONGESTANT		
<i>SUDAFED (Pseudoephedrine) 6-12 YRS = 30 MG EVERY 6-8 HRS AS NEEDED</i>		
<i>SUDAFED (Pseudoephedrine) > 12 YRS = 60 MG EVERY 6-8 HRS AS NEEDED</i>		

IN ADDITION TO THESE MEDICATIONS, THE NURSE AT DRIFTWOOD MAY USE ANY ONE OF THESE OVER THE COUNTER TOPICALS: CALADRYL, BENADRYL CREAM, NEOSPORIN/BACITRACIN, HYDROGEN PEROXIDE, VASOLINE AND HYDROCORTISONE CREAM AS NEEDED FOR MINOR COMPLAINTS.

Any questions or concerns, please email nursekelly@driftwooddaycamp.com

I HAVE REVIEWED THESE ORDERS AND ACCEPTED THEM. ANY EXCLUSION SHOULD BE INITIALED IN THE 'NO' COLUMN BY THE PHYSICIAN.

PHYSICIAN'S SIGNATURE & STAMP _____

PARENT'S SIGNATURE _____ DATE _____

**NOTE TO PARENTS:
CAMP PROVIDES THE ABOVE MEDICATION. PLEASE DO NOT SEND IN ANY OF THE ABOVE STANDING MEDICATION.**

DRIFTWOOD DAY CAMP CAMPER PROFILE - 2017

Dear Parents: The following information will be used for professional purposes only at camp. This information will be kept confidential and will be shared only with staff to the extent the information is needed to better meet the needs of your child. Please enter all information as completely as you can, so that the Group Leaders and Directors can prepare in advance for your child to have the best summer possible. Sometimes, changes in the life of a child will impact their behaviors, and we can better understand and work together if we are made aware of these changes. This profile will help us to have a greater understanding of your child.

Camper's Last Name: _____ Camper's First Name: _____

Address: _____ Home Phone: _____

Gender: M F Date of Birth: _____ Age: _____ Grade Entering 9/2017: _____

School Entering 9/2017: _____

Nickname: _____ Weeks Attending Camp: _____

Mother's Name: _____ Mother's Cell: _____

Father's Name: _____ Father's Cell: _____

Siblings Names & Ages: _____

Are the siblings attending Driftwood? _____

Does the Camper have previous camp experience? _____

Please list all allergies: _____

Does the Camper wear contact lenses? Y N

Does the Camper wear glasses? Y N

Please list any medical conditions your child has:

Please indicate any medications your child is currently taking under medical supervision:

(Turn Page Over)

Camper's Last Name _____ **Camper's First Name:** _____

Please share what your child's interests are (sports, arts, music, hobbies, reading, dance, gymnastics, etc.):

Please rate on a scale from 1 to 10 (10=Very Enthusiastic; 1=Not Enthusiastic) how your child feels about the following activities.

_____ Arts & Crafts _____ Sports _____ Trapeze _____ Zipline/Ropes Course

Please tell us about your child's social ability in group situations?

Please share what you are looking for your child to achieve over the summer:

Does your child receive support services in school? Yes No

If yes, please describe the services your child receives (i.e., physical therapy):

What is your child's favorite food(s) for lunch? _____

Please describe your child's likes, dislikes, fears, and anything else the Group Leaders should know to help make his/her transition to camp successful:

DRIFTWOOD DAY CAMP - 2017

Child's First Name: _____ Child's Last Name: _____

Child's Date of Birth: _____

EMERGENCY CONTACTS & MAY TAKE FROM BUS OR CAMP

	First & Last Name	Daytime Phone	Cell Phone	Relationship
Mother:	_____	_____	_____	Mom
Father:	_____	_____	_____	Dad
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Special Medical and Allergy Information:

Other Information About Your Child: (Educational needs, special needs, bathroom needs, food concerns, nicknames, helpful hints, favorite activities, interests, fears, etc.)