

The Rotary Camp Haccamo

PHYSICIAN FORM

Fax 585--672-9070

Last Name _____ First Name _____ Preferred Name _____

Date of Birth _____ / _____ / _____

Please ATTACH a copy of immunizations and physical exam

DIAGNOSIS (s)

Other physical, mental, or emotional problems or diseases of which the medical staff should be aware of

Does the Camper have or has have seizures? ___ Yes ___ No If yes what type? _____

RESTRICTIONS: Are there any restrictions on using the pool or participating in sports? ___ Yes ___ No
If yes please describe _____

Food and/or drug allergies? ___ Yes ___ No
If yes please describe _____

The following over the counter medication or generic equivalent is available in the Sunshine Campus Infirmary. If determined to be necessary will be administered at the discretion of the medical staff. The medications will be administered "per label direction" unless otherwise specified.

Drug Name	Provider Order	Physician's Comments
Tylenol (discomfort/fever)	YES or NO	
Advil (discomfort/fever)	YES or NO	
Throat Lozenges (throat irritation, cough)	YES or NO	
Benadryl (allergies)	YES or NO	
Claritin (allergies)	YES or NO	
Zyrtec (allergies)	YES or NO	
Chloraseptic Spray (throat irritation)	YES or NO	
Cortizone Cream (topical) for skin irritation	YES or NO	
Saline eye drops/wash	YES or NO	
Tums (heartburn/stomach upset)	YES or NO	
First Aid Cream/Neosporin (topical-cuts and scrapes)	YES or NO	
Lotrimin	YES or NO	
Calamine Lotion	YES or NO	
Miralax	YES or NO	

STATEMENT OF TEACHER OR CASEWORKER

Camp Haccamo

(Upload form to your Camp Account Directly or Fax form to 585-672-9070)

CAMPER NAME _____

This information is **extremely important** so that we can understand how the applicant is successful in a peer group setting and in a setting away from their parent, guardian or primary caretaker. Your honest and open response will enable us to set up an environment where the applicant can be successful at Camp Haccamo.

CSE Classification _____ Ratio Student/Staff _____ % of day in Special Edu. Setting: _____

SOCIALIZATION	Yes or no	Behaviors	Yes or no
Cooperates with teacher		Destroys Property	
Occupies self-unattended		Wanders/Runs	
Occupies self-attended		PICA	
Needs constant supervision		Inappropriate Language	
Prefers 1:1 attention from teacher		Inappropriate sexual behavior	
Plays with peers		Self-injurious behaviors	
Prefers 1:1 attention from peers		Hits/Kicks	

FRUSTRATIONS	Yes or No (If Yes please explain below)
Is the applicant aggressive towards peers	
Is the applicant aggressive towards teachers	
Indicative signs of frustrating situation	
Does the applicant recognize personal frustration	

If you answered Yes to the any of the above questions please explain below: (please use additional paper if needed)

What are some strategies that will help the student be successful at camp?

What Activities cause anxiety or stress?

What kinds of activities does the student have interest in?

***** HAS THE APPLICANT REQUIRED PHYSICAL INTERVENTION WITHIN THE LAST YEAR? YES OR NO**

If yes, please give specific dates and define the aggressive behavior.

***** Does the applicant have a behavior modification plan? Yes or No (If yes please attach)**

Required: Do you recommend this camper for Camp Haccamo in the belief that he/she will benefit from the experience and will not endanger or be endangered by the congregate life and activity of the group? YES _____ NO _____

In signing this form, I certify that the above information is correct and to the best of my knowledge of the applicant

Name of Teacher/Caseworker _____ Agency _____

Signature _____ Date _____

Phone Number: _____ Best time to reach me: _____

Our Camp Directors may reach out to learn more information about our potential Camper. Thank you.