



NEW YORK FENCING ACADEMY INTERNATIONAL SUMMER CAMP 2018

PHYSICAL EXAMINATION: PHYSICIAN FORM

To be completed and signed by Physician to provide a health record with pertinent information that will help to serve the needs of this camper while attending the New York Fencing Academy Summer Camp:

CAMPER'S NAME: _____

PARENT'S NAME: _____

IMMUNIZATION HISTORY

DTaP, DTP or TD Date _____ Date _____ Date _____ Date _____ Date _____ Polio Date _____
Date _____ Date _____ Date _____ Date _____ MMR Date _____ Date _____ Hemophilus
Influenzae type B Date _____ Date _____ Date _____ Date _____ Hepatitis B Date _____ Date _____
Date _____ Varicella Date _____ Date _____ Hepatitis A Date _____ Date _____
Other _____

MEDICAL EXAMINATION – To be filled out by licensed physician Examination is acceptable when performed no more than 12 months prior to the end of camp. Code: S = Satisfactory X= Not satisfactory (Explain) O= Not Examined

General Appearance _____
Height _____ Weight _____ Blood Pressure _____ Hgb. Test (Date) _____ Urinalysis (Date) _____
Posture & Spine _____ Throat – tonsils _____ Eyes _____
Vision _____ w/Glasses _____ Extremities _____ Heart _____ Ears _____
Hearing _____ Feet _____ Lungs _____ Skin _____ Nose _____
Teeth _____ Abdomen _____ Hernia _____
Genitalia _____
Neurological findings _____
Describe Abnormal Findings and /or Handicapping _____
Allergies: (Please specify) _____

Recommendations and restrictions while in camp.

Special Diet _____
Special medicine by name _____
Is parent/guardian sending special medicine? _____
Activity Restrictions _____
General Appraisal _____

I have examined the person herein described. reviewed his/her health history and it is my opinion that he/she is physically able to engage in New York Fencing Academy Summer Camp activities, except as noted above.

Examining Physician (Signature) _____

Physician's Name (Please Print) _____

Address _____ Telephone _____

Date of Exam _____



NEW YORK FENCING ACADEMY INTERNATIONAL SUMMER CAMP 2018
ALLERGY EMERGENCY TREATMENT AUTHORIZATION FORM

To be completed and signed by Parent/Guardian to authorize emergency treatment for KNOWN Life Threatening Allergies:

Camper's Name: _____

Birth date: _____ Age: _____

Allergic to: _____

Symptoms Give Medication checked "X"*

- Mouth: Itching, tingling, or swelling of lips, tongue, mouth () Benadryl () EpiPen
- Skin: Hives, swelling on face or extremities, itchy rash () Benadryl () EpiPen
- Gut: Nausea, abdominal cramps, vomiting, diarrhea () Benadryl () EpiPen
- Throat: Tightening of throat, hoarseness, hacking cough () Benadryl () EpiPen
- Lung: Shortness of breath, repetitive coughing, wheezing () Benadryl () EpiPen
- Heart: Thready pulse, passing out, fainting, pale, blueness () Benadryl () EpiPen

If a food allergen has been ingested, but no symptoms () Benadryl () EpiPen

If a reaction is progressing (several of the above areas affected) () Benadryl () EpiPen

Medication Doses: Antihistamine (liquid diphenhydramine, Benadryl): Give _____ Teaspoon(s), _____ cc (_____ mg) by mouth. Epinephrine EpiPen [EpiPen _____ (_____ mg)] injected once into upper outer thigh.

Epinephrine injection may need to be repeated if the child's symptoms persist or get worse. Call 911 (or Ambulance service and phone number: _____) State that the child had a severe allergic reaction, and additional epinephrine does may be needed.

Additional contact information:

Allergist Name _____ Phone _____

Pediatrician Name _____ Phone _____

Parent Name (other contacts) and Contact Numbers:

Name _____

Phone (1) _____ Phone (2) _____

Name _____

Phone (1) _____ Phone (2) _____

Other allergies, medication allergies, medical conditions _____ Approximate weight _____ lbs

DO NOT HESITATE TO ADMINISTER MEDICATION OR TAKE THE CHILD TO A MEDICAL FACILITY EVEN IF PARENTS CANNOT BE REACHED!

Parent Signature Date



NEW YORK FENCING ACADEMY INTERNATIONAL SUMMER CAMP 2018

AUTHORIZATION TO ADMINISTER MEDICATION TO CAMPER - Part 1 of 2

To be completed and signed by Parent/Guardian and reviewed by Camp Nurse - part 1 of 2:

Name of Camper: _____
Parent/Guardian Name: _____
Age of Camper: _____ Sex of Camper: _____ Home Tel: _____
Food/Drug Allergies: _____
Business Tel: _____ Emergency Tel: _____

Diagnosis (relevant to administration of medication) _____

Name of Licensed Prescriber: _____
Business Telephone: _____
Emergency Telephone: _____

Prescription Medication (one per form). Please see other side for over the counter meds:

Name of Medication: _____
Reason for taking Medication: _____
Dose to be given at camp: _____
Route of Administration: _____
Frequency: _____ Date Ordered: _____
Duration of Order: _____ Quantity Received: _____
Expiration of Medications Received: _____
Special Storage Requirements: _____
Specific Directions (e.g., on empty stomach/with water): _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications (to be sure no drug interactions): _____

I hereby authorize New York Fencing Academy Summer Camp to administer, to my child, _____ the medication listed above.

Parent/Guardian Signature: _____ Date: _____

Received by (signature): _____ Date: _____



NEW YORK FENCING ACADEMY INTERNATIONAL SUMMER CAMP 2018

AUTHORIZATION TO ADMINISTER MEDICATION TO CAMPER - Part 2 of 2

To be completed and signed by Parent/Guardian and reviewed by Camp Nurse - part 2 of 2:

Over-the-counter medications:

Check the med and sign below if you would like to give camp nurses/health supervisors permission to administer any of the below medications on an as needed basis at their discretion. The dosage will be according to guidelines listed on the container.

Acetaminophen (Tylenol) for headaches, muscle aches, or fever Y N
Ibuprophen (Advil/Motrin) for i.e. headaches, muscle aches, fever, menstrual cramps Y N
Benadryl (only in case of hives/serious allergic reactions) Y N
Other _____

I hereby authorize New York Fencing Academy Summer Camp to administer the medications circled Y above, to my child,

Parent/Guardian Signature: _____ Date: _____

**Please return completed and signed Medical Forms (4 pages) no later than 7/18/18.
A copy of your health insurance card (both sides) is also required in order to attend camp.**

**Mail: New York Fencing Academy
2896 W 12th Street
Brooklyn, NY 11224**

**Email: info.nyfa@gmail.com
Phone: (718) 996-0426
Website: www.fencenyfa.com**