

FROST VALLEY YMCA HEALTH CENTER CHECK LIST

Please complete the following steps prior to returning your camper health forms to Frost Valley:

1. Attach a copy of the **front and back** of the Camper Health insurance card.
2. **Parent Signs** Consent to Treatment Waiver
3. **Parent Signs** Meningitis Waiver
4. **Name, dose and frequency** is included by Doctor on health form for **all medications** to be administered.
5. **Doctor completes Page #3** Physical & Immunization Information
6. If your child will be engaging in self care/self-administration of medications, **Parent and Doctor Signs Page #3** (bottom of form)
7. **Doctor's prescriptions** are included for **all** medications including **vitamins and over the counter medications** to be administered at camp.
8. **Valid credit card # and expiration date** if medication is required while at camp.

***Note: we cannot administer any medications without BOTH parent and physician signature.**

*Please feel free to contact the Health Center
(845)985-2291 ext 225 or nurse@frostvalley.org*

Thank you!

Patty Conklin, RN Health Care Administrator