



**PINE CREST SCHOOL  
Summer Programs  
MANDATORY HEALTH FORM**

This page must be completed by a Physician

***Physician's Authorization for Medication Treatment***

NAME \_\_\_\_\_

- List any allergies, diagnosis, or emergency precautions that we should anticipate for this individual (allergy triggers, diabetic reactions, etc.). \_\_\_\_\_
- List all medications that are currently prescribed for this individual. Include inhalers, EpiPens, etc.  
\_\_\_\_\_
- Note which medications will be brought, stored, and administered at camp. \_\_\_\_\_
- Does our nurse have your permission to administer these medications?  
 Yes       No
- There are no extraordinary emergency medical services available at Pine Crest. Since only CPR and general first aid are available until emergency help arrives (911), is this adequate for this individual's survival here at this program?  
 Yes       No, Please Specify \_\_\_\_\_

Our infirmary is stocked only with basics.  
Physician, please scratch out items we are NOT permitted to administer.

MEDICATION	DOSAGE	FREQUENCY	TIMES	INSTRUCTIONS
Tylenol	p.o	p.r.n.		Headaches
Advil	p.o	p.r.n.		Muscular-skeletal pain
Tums/Antacid	p.o	p.r.n.		Upset stomach
Benadryl	p.o	p.r.n.		Anaphylactic reaction only
Antibiotic ointment	topical	p.r.n.		Abrasions
Benadryl Cream	topical	p.r.n.		itching/bug bites
Hydrocortisone Cream 1%	topical	p.r.n.		Contact dermatitis
Cough Drops/ throat lozenges	p.o.	p.r.n.		Cough or sore throat

**Physician's Signature:** \_\_\_\_\_

**Physician's Name (please print):** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Office Fax:** \_\_\_\_\_

**Physician - Please complete and sign this form.  
Return it to the parents of the student.**