



PIERCE CAMP BIRCHMONT

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REQUIRED!

Medical Forms Checklist . . .



Dear Parents,

New York State Public Health Law now requires boarding schools and camps to distribute information to inform parents about a vaccine which is available to protect against the four types of bacteria that cause meningitis in the U.S. - types A, C, Y, and W-135. These types account for nearly two thirds of the bacterial meningitis cases among pre-teens and young adults. Although New Hampshire Public Health Law does not require the distribution of this information, we think it is helpful and prudent to consider this new vaccination and discuss this with your health care provider. Bacterial meningitis is a rare but very serious illness, the newly available vaccine is certainly something to consider for campers and boarding students in the U.S. and abroad.

1.	TWO NEW HEALTH FORMS <i>Green Camper Health History Form 1 and Pink Camper Health Care Recommendations by Licensed Medical Personnel Form 2 - You must complete and SIGN each form and submit to your physician as well. Follow instructions on forms carefully as these are new forms.</i>	RETURN - Complete, have physician and parent sign & return by May 1 st and no later than June 20 th	<input type="checkbox"/>
2.	White Non-Prescription Medication Card, including notation of any allergies. <i>We cannot give Tylenol, Benadryl or even Sudafed without this card signed and checked off.</i>	RETURN - Complete, sign & return by May 1 st	<input type="checkbox"/>
3.	NEW VERSION Bright Yellow Medication Permission Request Form <i>For those campers coming to camp taking general prescription medication(s) during camp.</i>	RETURN - Complete, have physician and parent sign & return by May 1 st	<input type="checkbox"/>
4.	NEW VERSION Gray Asthma/Allergy Care Plan - For those campers using Asthma-Inhaler and/or Epi Pen	RETURN - Complete, have physician and parent sign FRONT AND BACK & return by May 1 st	<input type="checkbox"/>
5.	Peach Prescription Insurance Claims form - Attach copy of front and back of prescription card	RETURN - Complete, attach photocopy of Prescription Card, and return by May 1 st	<input type="checkbox"/>

**IMPORTANT Medical Forms
To Be Completed**

Please Turn Over
for Checklist