

EAGLE SPRINGS PROGRAMS

58 Eagle Springs Lane, Pine Grove, PA 17963

Phone 570-345-8705 Fax 570-345-4401

VACATIONER MEDICAL FORM

This form must be FULLY completed and sent **before arrival**.

Page one is to be completed by a **parent or guardian**; all other pages are to be completed and **signed** by a **physician** unless stated otherwise.

MOUNTAINS _____ SESSIONS(S) _____ YEAR _____

NAME _____ SEX _____ AGE _____ B'DATE _____

HMO/ACCESS/MED.INS.# _____

24HR EMERGENCY CONTACT _____

RELATIONSHIP _____ PHONE# _____

HEIGHT _____ WEIGHT _____

GLASSES DENTURES WHEELCHAIR

HEARING AID WALKER CANE

OTHER _____

SENSITIVE TO SUN? _____ DUE TO MEDICATION? _____ PROTECTION USED _____

DIET RESTRICTIONS _____

SENSITIVITIES _____

ALLERGIES _____

REACTIONS IF FOOD IS EATEN _____

TREATMENT _____ CHOKES EASILY? YES NO

PRONE TO CONSTIPATION? YES NO TREATMENT _____

FREQUENCY OF BOWEL MOVEMENTS _____

FOOD SERVED SHOULD BE (Please check one): REGULAR CHOPPED MECHANICAL SOFT

PUREED

SEIZURES: YES NO TYPE _____ DATE OF LAST SEIZURE _____

FREQUENCY _____ CAUSE _____

ANY INDICATION JUST BEFORE SEIZURE _____

USUAL LENGTH OF SEIZURE _____ FALSE SEIZURES? _____

USUAL BEHAVIOR FOLLOWING SEIZURE _____

WOMEN: MENSTRUATION: NORMAL ABNORMAL DATE OF LAST PERIOD _____

USE TAMPON PAD ASSISTS SELF NEEDS HELP

NEXT THREE PAGES TO BE FILLED IN AND SIGNED BY A PHYSICIAN

NAME _____ PULSE _____ BP _____

ALLERGIES: DRUG(S) _____ REACTION _____
TREATMENT _____

FOOD(S) _____ REACTION _____
TREATMENT _____

IMMUNIZATION DATES: TETANUS _____ POLIO _____ MEASLES _____ HEPATITIS _____

HEPATITIS CARRIER: YES NO TYPE _____

ACTIVITY RESTRICTIONS: _____

REASON: _____

DIET RESTRICTIONS: _____

MEDICAL CONCERNS: CURRENT _____ CHRONIC _____

DIABETES: YES NO DAILY GLUCOSE LEVELS TESTED? YES NO

MEDICATION: ORAL INJECTION

PERIMETERS FOR BLOOD SUGAR LEVELS: _____

ILLNESSES/OPERATIONS: _____

ANY WITHIN THE LAST 6 MONTHS? YES NO DETAILS _____

ANY ABNORMALITIES: EYES _____ HEART _____

EARS _____ LUNG _____

NOSE _____ ABDOMEN _____

THROAT _____ ORTHOPEDIC _____

MEDICATIONS: WILL VACATIONER REQUIRE MEDICATION? YES NO

ANY MEDICATION CHANGES WITHIN THE LAST MONTH? YES NO

DETAILS _____

Please list all medications – Be specific in filling out schedule below!

NAME/STRENGTH OF MEDICATION	TIME & AMOUNT OF MEDICATION			
	6-8 AM	NOON	4-6 PM	8 PM / HS

CERTIFICATION: I HAVE PERSONALLY EXAMINED THE ABOVE APPLICANT AND HEREBY STATE THAT HE/SHE IS PHYSICALLY ABLE TO PART IN GENERAL ACTIVITIES, INCLUDING SWIMMING AND HORSEBACK RIDING, WITH THE EXCEPTIONS OF RESTRICTIONS NOTED.

DATE _____ PHYSICIAN'S SIGNATURE _____

ADDRESS _____ PHONE _____

OVER THE COUNTER (OTC) MEDICATION APPROVAL FORM TO BE COMPLETED BY PHYSICIAN

Known allergies: _____

All oral medications should be administered (please circle):

With water Applesauce Crushed in applesauce Other (please specify) _____

OTC Medications

<i>Analgesic/Pain</i>	<i>YES</i>	<i>NO</i>
Bayer Aspirin 325/500mg		
Generic Aspirin		
Generic Bufferd Aspirin		
Generic Ibuprophen		
Generic Acetaminophen		
Midol		
Tylenol Tabs/Caps		
Exedrin		
Aleve (Naproxen)		
Bufferin		
Advil		

<i>Digestive Aids</i>	<i>YES</i>	<i>NO</i>
Alka-2 Tablets		
Tums		
Rolaids		
DiGel Tabs/Liquid		
Maalox Tabs/Liquid		
Mylanta Tabs/Liquid		

<i>Cough Lozenges</i>	<i>YES</i>	<i>NO</i>
Ludens		
Vicks		
Halls		
Pine Brothers		
Cerpastat		
Cepacol		
Sucrets		
Listerine		

<i>Cough, Cold and Allergy</i>	<i>YES</i>	<i>NO</i>
Congespirin Syrup		
Neo Synephrine (nose drops)		
Sinex Spray		
Sineutab tabs		
Tylenol Cold Formula		
Vicks NyQuil		
Pertussin (8hr)		
Robitussin		
Sin-Aid Tabs		
Allerest caps/tabs		
Dristan Tabs		
Benylin Cough Syrup		
Coricidan Nasal Spray		
Sudafed Plus Tabs		
Actifed Tabs/caps		

<i>Laxatives/Antidiarrheal</i>	<i>YES</i>	<i>NO</i>
Hydrocil Tabs/Psyllium Mix		
Metamucil		
Castor Oil		
Glycerine Suppositories		
Ex-Lax Tabs/Chocolate		
Feen-a-mint		
Kaopectate		
Fleet Enema		
Pepto Bismal Tabs/Liquid		
Immodium AD Tabs/Liquid		
Milk of Magnesia Tabs/Liquid		

Other Medications

1. _____
2. _____
3. _____

4. _____
5. _____
6. _____

7. _____
8. _____

