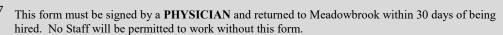
2026 PHYSICIAN & MEDICATION FORM

IMPORTANT!

All Staff must have a completed health form based on a physical exam performed on or after 4/30/25.





73 East Valley Brook Road Long Valley, New Jersey 07853 Phone: (908) 876-3429 Fax: (908) 876-4635

Name:	Dat	te of Birth:	
The above named individual was exan	nined in my office on this dat	te:	(The Exam Date Must Be Provided)
Gender: BP: _	Height:	Weight:	
In my opinion, this individual is [is not able to participate in	n an active program.	
This individual is under my care for the	following condition(s):		
ALLED CIEC TO ALL			
ALLERGIES: Known Allergies: Food(s):		Reaction	
Medicine(s)		Reaction	
Other		Reaction	
NOTE: Allergy Action Plan	Form MUST be submitted	with instructions for the tre	atment of an allergic reaction.
MEDICATIONS ADMINISTED container with printed pharmacy & MD is Permission is granted to Meadowbrook in	instructions, All medications reading to adminition of the composition	nust remain in the Meadowbro uister the following medication	ok Nurse's Office at all times. (s):
Medication Name:		Dose:	Frequency:
Reason for Medication:		Begin on:/	End on:/
Possible Side Effects:		Other Instructions:	
Medication Name:		Dose:	Frequency:
Reason for Medication:		Begin on:/	End on:/
Possible Side Effects:		Other Instructions:	
OVER-THE-COUNTER MEDI Camp Nurse has my permission to administer	CATIONS (check all the rthe following over-the-counter n	nat apply): In the event of a medications according to the label	ninor medical emergency or illness, the instructions, at their discretion:
Acetaminophen (Tylenol) for discomfort, pain, fever	Cough Drops for irritated throat or cough	Midol/Pamprin for menstrual pain (if applicable)	Tums / Pepto Bismol for upset stomach
Antihistamine (Claritin) For allergy symptoms and hives.	Diphenhydramine (Benadi for allergic reactions, hives, severe itch		leve) Zanfel for poison ivy
Cepacol lozenges	Ibuprofen (Advil/Motrin) for discomfort, pain, fever	Orajel for toothache, dental pain	
Cortisone Cream/Ointment for skin rash on unbroken skin, insect bites	Medicaine for bee stings	Triple Antibiotic Oin for minor wounds	tment
Please provide the	above patient with a	a copy of their immu	nization records.
			Physician Office Stamp
Physician's Name			
Physician's Phone #			
Physician Signature		Date	