Foundation for Dreams, Inc.
Phone: 941-746-5659 Fax: 941-745-1409
Email: Registration@foundationfordreams.org

Physical and Medication Administration Form A-2

(This form must be completed by your child's physician)

Name of Camper: _____ **Date of Birth:** _____

Height: _____ **Weight:** _____ **Temp:** _____ **Pulse:** _____ **Resp:** _____ **BP:** _____

Immunizations up to date: Yes ☐ No ☐ **Allergies:** _____

Diagnosis/Significant Health History: _____

Recent Hospitalization or Surgery: _____

Any limitations for participation: _____

Does this camper have a diagnosis, such as Atlantoaxial Instability or any other, that will prevent him/her from participating in any activities such as climbing, horseback riding, or outdoor activities? Yes ☐ No ☐

If yes, please explain: _____

This child MAY ☐ or MAY NOT ☐ participate in HORSEBACK RIDING. (Please check if this applies.)

Health Care Provider approval for administration of the following

Prescription and Non- Prescription Medication (including supplements and herbs):

(Additional boxes for medications are located on the back side of this form)

Name of Medication:	Name of Medication:
Dosage & Frequency:	Dosage & Frequency:
Route:	Route:
Purpose:	Purpose:

Check here if additional meds are listed on second page ☐

Camp nurse may administer age/weight appropriate dose of the medications listed below.

Ibuprofen (Motrin/Advil)	□ Yes □ No	Milk of Magnesia	□ Yes □ No
Acetaminophen (Tylenol)	□ Yes □ No	Triple Antibiotic Ointment (Neosporin)	□ Yes □ No
Hydrocortisone Cream	□ Yes □ No	Antacid (Tums/Mylanta)	□ Yes □ No
Diphenhydramine (Benadryl)	□ Yes □ No	Pepto Bismol	□ Yes □ No
Dulcolax or Bisacodyl tabs	□ Yes □ No	Sunscreen	□ Yes □ No
Glycerin suppository or Enema	□ Yes □ No	Anti-diarrhea (Loperamide/Imodium)	□ Yes □ No
EpiPen (Allergic Reactions)	□ Yes □ No	Orajel	□ Yes □ No
Antifungal Cream (Tinactin)	□ Yes □ No	Sting Ease/Sting relief Pads	□ Yes □ No
Robitussin	□ Yes □ No	Midol	□ Yes □ No
Diaper Balm (Desitin)	□ Yes □ No	Zantac 75	□ Yes □ No
Anusal Cream	□ Yes □ No	Preperation H	□ Yes □ No
Caladryl/Benadryl Cream	□ Yes □ No	Glucose Tablets	□ Yes □ No
Saline gtts or Visine gtts	□ Yes □ No	Sudafed	□ Yes □ No
Throat Lozenges	□ Yes □ No	Chloraseptic Spray	□ Yes □ No
Solarcaine Spray	□ Yes □ No	Vagasil Cream	□ Yes □ No

Health Care Provider Approval: **(This form must be completed by your child's physician)**

I have examined this camper and find him/her to be in the satisfactory physical condition and capable of active participation in Dream Oaks Camp programs. I approve the administration of the above prescription/non-prescription medication/supplements. Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies including riding. I understand that Prospect Riding Center will weigh the medical information given against the existing precautions and contraindications.

Printed Name of Health Care Provider: _____

Health Care Provider Signature: _____ **Date:** _____

Health Care Provider Office *Phone* Number: _____ **Fax Number:** _____

Health Care Provider Office Address: _____

Foundation for Dreams, Inc.

Phone: 941-746-5659 Fax: 941-745-1409

Email: registration@foundationfordreams.org

PHYSICAL and MEDICATION ADMINISTRATION FORM A2 Continued

Please use this form for medication that may have not been able to fit on the front side of Form A-2

Name of Medication: Dosage & Frequency: Route: Purpose:	Name of Medication: Dosage & Frequency: Route: Purpose:
Name of Medication: Dosage & Frequency: Route: Purpose:	Name of Medication: Dosage & Frequency: Route: Purpose:
Name of Medication: Dosage & Frequency: Route: Purpose:	Name of Medication: Dosage & Frequency: Route: Purpose:
Name of Medication: Dosage & Frequency: Route: Purpose:	Name of Medication: Dosage & Frequency: Route: Purpose:
Name of Medication: Dosage & Frequency: Route: Purpose:	Name of Medication: Dosage & Frequency: Route: Purpose:
Name of Medication: Dosage & Frequency: Route: Purpose:	Name of Medication: Dosage & Frequency: Route: Purpose: