



PIERCE CAMP BIRCHMONT
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Medical Forms Checklist . . .

REQUIRED!

Dear Parents,

- New York State Public Health Law now requires boarding schools and camps to distribute information to inform parents about a vaccine (MCV4) 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 vaccination (which lasts for at least 5 years) 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.
- We also strongly recommend the H1N1 vaccine which is currently available to all school-age children. The more cooperation we have before the summer, the healthier and safer our population will be all summer long.

1.	<p><u>TWO HEALTH FORMS</u></p> <p><i>CAMPER HEALTH FORM 1 including Allergy Care Plan <u>and</u> HEALTH FORM 2 including Medication Permission Form</i> - You must complete and SIGN each form and submit to your physician as well. Follow instructions on forms carefully.  **CAMPER HEALTH FORMS MUST BE AT CAMP BEFORE CHILD'S ARRIVAL**</p>	<p><u>RETURN</u> - Complete, have physician and parent sign & return by May 1st if possible, OR</p> <p><u>SESSION 1 or FULL:</u> <u>DUE NO LATER THAN JUNE 20TH</u></p> <p><u>SESSION 2:</u> <u>DUE NO LATER THAN JULY 20TH</u></p>	<input type="checkbox"/>
2.	<p><u>ASTHMA CARE PLAN</u></p> <p><i>For those campers using Asthma-Inhaler and/or Epi Pen.</i></p>	<p><u>RETURN</u> - <u>If applicable</u>, complete, have physician and parent sign & return by May 1st</p>	<input type="checkbox"/>
3.	<p><u>PRESCRIPTION INSURANCE CLAIMS Form</u></p> <p><i>If you have a <u>separate prescription card</u>, attach copy of front and back of your card.</i></p>	<p><u>RETURN</u> - Complete, attach photocopy of Prescription Card, and return by May 1st</p>	<input type="checkbox"/>

***IMPORTANT Medical Forms
To Be Completed***

***Please Turn Over
for Checklist***