NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Operations, Bureau of Environmental Education
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IMPORTANT – NEED TO READ

March 7, 2016

Dear Parent/Guardian of a DEC Camper,
This letter contains important information about DEC's policy regarding the administration of medications for campers. Please read it thoroughly to help make your check-in at summer camp go more smoothly.

Due to a shortage of registered nurses, DEC has been using emergency medical technicians (EMTs) as health directors at our summer camps. Although these professionals are well trained in first responder techniques and procedures, the NYS Department of Health (DOH) limits what they are allowed to do.

The DOH has notified DEC that we may not offer "as needed" or over-the-counter (OTC) medications at our camps because our health directors are EMTs. Consequently, no "as needed" or OTC medications such as ibuprofen, acetaminophen, antacids, antihistamines, or topical antibiotics will be available to our campers. The only time campers will have access to these kinds of medications will be through scheduled dosing previously approved in writing by your licensed health care provider, or through a visit to an urgent care facility or hospital. If your child needs any OTC medication you will need to have your Health Care Provider write a scheduled prescription stating dosage and schedule of when the medication is to be taken, this CANNOT be written "AS NEEDED" or "PRN." Without this written prescription from your Health Care Provider if your child needs an Over the Counter Medication the camp staff will need to take him/her to a nearby urgent care or hospital.

To better serve campers, DEC contacted medical professionals in the communities near each camp to request their assistance with administering medications, but response has been mixed. The hospital in Saranac Lake will have a registered nurse (RN) visit Camp Colby during the summer to oversee the administering of medications, and an RN who lives near Camp Rushford has agreed to visit the camp to perform the same type of service. Unfortunately, DEC has *not* received any positive responses from the medical communities near Camp DeBruce and Pack Forest.

This year each camp will have a unique Health Care Provider Form for its campers. If your camper will attend two *different* DEC camps this summer, you must make sure the forms specific to each camp are completed. **DEC will not accept a generic form from your doctor's office.**

Note to Parents of campers at Camp DeBruce and Camp Pack Forest: Before arriving at check-in, make sure you have written approval with you from your health care provider for any medications and OTCs you bring for your camper(s) to take on a scheduled basis throughout the week. **Written approval that says only "as needed" or "PRN" will NOT be accepted.**

If you have questions about the Health Care Provider Form or the camp program in general, please call DEC at 518-402-8014 Monday through Friday from 9 AM until 4 PM, or e-mail us at educationcamps@dec.ny.gov.

Sincerely,

Randall (Randy) T. Caccia
Environmental Educator 3/Camps Administrator

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DEC ENVIRONMENTAL EDUCATION SUMMER CAMP PACK FOREST Bunk #_____

HEALTH CARE PROVIDER FORM - Bring this form with you to camp check-in

MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER *and signed by*

LICENSED HEALTH CARE PROVIDER and PARENT

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This health form is for a one week session of camp - less than 7 consecutive nights.

Camper's Name: _____ Date Of Birth: _____

HEALTH CARE RECOMMENDATIONS BY LICENSED HEALTH CARE PROVIDER

I examined this individual on _____.

BP _____ Weight _____ Height _____

In my opinion, the above camper/staff: ❑ is ❑ is not able to participate in an active camp program.

The camper is under the care of a physician for the following conditions: _____

_____

Any medically-prescribed meal plan or dietary restrictions: _____

_____

Known allergies to medication, food or other (insect stings, hay fever, asthma, animals, etc.): _____

_____

Description of any limitation or restriction on camp activities: _____

_____

Additional information for health care staff at the camp about the camper: _____

_____

Has the camper been taken off any medication for the summer? ❑ Yes ❑ No

If yes, does this medication have an effect on the camper's behavior? _____

_____

IMMUNIZATION HISTORY (Print out of camper's vaccination record is acceptable for this section only) It should be stapled to this form:

Has the camper had any of the following, listed below?

- ❑ Measles
- ❑ Chicken Pox
- ❑ German Measles
- ❑ Mumps
- ❑ Hepatitis A
- ❑ Hepatitis B
- ❑ Hepatitis C

Please give all dates of immunization for:

Vaccine:	Dates: Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
MMR	_____	_____				
or Measles	_____	_____				
or Mumps	_____	_____				
or Rubella	_____	_____				
Haemophilus Influenza B	_____	_____	_____	_____		
Hepatitis B		_____	_____	_____		
Varicella (Chicken Pox)	_____	_____				
Meningoccal Meningitis	_____	_____				

Date of last TB Mantoux Test: _____ Result: ❑ Positive ❑ Negative

STANDING INDIVIDUALIZED ORDERS FOR:

Camper's Name: _____

PHYSICIAN - PLEASE NOTE THAT HEALTH DIRECTORS ARE EMERGENCY MEDICAL TECHNICIANS.
E.M.T.'S cannot do diagnostic procedures and distribute 'AS NEEDED' medication. All Medications must be scheduled.

Prescription Medications: Please complete with patient's current regimen for scheduled medications. All medications must be in original prescription/ medication container. Any medications that are 'Over the Counter' must be prescribed by a Health Care Provider with exact time schedule, and dose. Medications will be self-directed and administered, witnessed by the Camp EMT and or staff person. **There are NO As Needed Medications permitted.**

Drug Name	Route	Dosage	Schedule and Indications	Comments
sample medication	by mouth	X MG	everymeal and bed time	may refuse

Health Care Provider Please add additonal pages if needed.

Self-carry medication release for rescue inhalers, epi-pens and insulin pumps:

☐ Epi-pen ☐ Albuterol inhaler ☐ Proventil inhaler ☐ Insulin pump pens ☐ Other Comments: _____

Standard Over-the-Counter Medications: The Emergency Medical Technician (EMT) who is the Health Director shall not assess the health condition of any camper in order to administer medications to campers. The EMT shall not administer standard over-the-counter medications to campers. Over the Counter medications used AS NEEDED will not be available at the camp. In order for a camper to received an Over The Counter medication it will need to be listed under the Prescription Medications above as a scheduled medication as described above under the heading "**Prescription Medications.**"

Health care provider: Medications dispensed at camp are only done through a standing order. We use EMTs at the camps and their scope of practice allows them only to witness campers "self-adminster" and document camper self administration. All campers must be able to identify their medications, understand its purpose, self administer the medication and take responsibility of their choices regarding the self directed administration of the medication.

HEALTH CARE PROVIDER AUTHORIZATIONS :

A licensed Health Care Provider hereby authorizes the camper to self administer medications as described above. Without this authorization medications will not be made available to the camper while attending camp.

Camper's Health Care Provider Name: _____
Address: _____ **Phone:** _____

Health Care provider Signature: _____ **License #:** _____
Date: _____ **Fax:** _____

Parent Signature: _____ **Date:**_____ **Phone:**_____

***For Camp Use Only ***
Camper Name (last, first, MI): _____
Cabin or Group: _____
Camper Bunk #: _____