## Apple Hill Center for Chamber Music

## **DOCUMENTATION OF PHYSICAL EXAMINATION - 2024**

To fulfill requirement by N.H. State Law

ME:		Gend	ler:
Last	First	M.I.	
DDRESS:	City	State	Zip
			*
te of birth:	Name of Parent of Ouardian(s).		
SESSIO	N(S) ATTENDING: I II III IV V (cir	rcle)	
This section to be completed, sign pr	ed, and dated by a physician, licer actitioner, or physician assistant:		ered nurse
	HISTORY		
ALLERGIES:			
DIETARY RESTRICTIONS:			
SERIOUS ILLNESS:			
SURGERY:			
BEHAVIOR:			
SPEECH:			
OTHER:			
COMMENTS (attach additional page if n	ecessary):		
	PHYSICAL EXAMINATION		
HEIGHT: WEIGHT:	B/P		
E.E.N.T	HEART		
TEETH	LUNGS		
BACK	HERNIA		

#### PRESCRIPTION MEDICATION

Is the participant on any prescription medication? YES NO (Circle one)

If YES, please list medication, dosage, and instructions on separate sheet. Medication must be in original container. Directions on container must match physician's written orders. Any changes must be authorized and signed by the physician.

#### <u>IMMUNIZATION CHART</u>\*\* Must be completed prior to participant's first day of Apple Hill Summer Session.

Please give month, day and year:				
DPT or DT: 1	_2	3		
BOOSTERS: 4.	_5	-		
POLIO: 1	_2	3		
BOOSTERS: 4.	_5			
MEASLES:	RUBELLA:			
MUMPS:	_ COVID-19:			

COMMENTS/OTHER:

I certify that this participant has received the immunizations and tests required by State Law (RDS 200:38) for Camp attendance: (5 DPT, 4 ORAL POLIO, MEASLES VACCINE, RUBELLA VACCINE, MUMPS VACCINE).

EXCEPTIONS:

\*\* Immunization chart must be completed or participant cannot be admitted to Apple Hill's summer sessions

#### HEALTH POLICY

Apple Hill's program requires its participants to rehearse daily for between 3 and 4 1/2 hours; to practice individually for between 1 1/2 and 3 hours; to recreate; to function in a facility which has major hills, steps, and bathroom facilities as much as 200 yards from sleeping quarters; and to function daily with vitality, zest, and good community spirit. Further, Apple Hill does not have professional on-site health care or psychological counseling. Emergency health-care is available in Keene, NH at the Cheshire County Medical Center, a fifteen-minute drive from Apple Hill.

In your professional opinion, are there any health or other reasons which would prevent the participant whose name is on this form from functioning and flourishing at Apple Hill? YES NO (circle one) If YES, please specify/advise:

Other Remarks (attach additional page if necessary):

**Physician's Signature** 

Month	Dav	Year

**Physician's Telephone** 

Date	of	exam:	

### Parental permission for medication administration

# Parents: Please fill out this form if your child attending AH is under age 18 AND will require prescription medications during their session. Not required for participants age 18 and older.

I, \_\_\_\_\_\_ (parent/guardian name) give permission for the authorized staff

of Apple Hill Center for Chamber Music to administer the medications, listed below, to my child,

\_(child's name) for the duration of my child's stay at the Summer

Chamber Music Camp.

I verify that my child has taken this medication prior to the start of camp.

The medication will have a prescription label or written order provided by a physician or APRN, current within the past year, that includes the following information:

-The camper's name

-The name, strength, prescribed dose, and method of administration of the medication -The frequency of administration of the medication

-The dated signature of the camper's parent or legal guardian or a licensed health care practitioner for orders other than as shown on the prescription label.

A medication order from a parent or legal guardian or a licensed health care practitioner regarding any medication to be administered as needed shall include:

-The indications and any special precautions or limitations regarding administration of the medication

-The maximum dosage allowed in a 24-hour period

-The dated signature of the camper's parent or legal guardian or a licensed health care practitioner for orders other than as shown on the prescription label.

Medication	Dose	Time/method of administration