



# IMMUNIZATION CHART\*\*

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. _____ 4. _____ 5. _____
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POLIO: 1. _____ 2. _____ 3. _____ 4. _____
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HEPATITIS B: 1. _____ 2. _____ 3. _____
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MMR: 1. _____ 2. _____
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VARICELLA: 1. _____ 2. _____
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COVID-19 ( <i>not required but strongly recommended</i> ): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
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COMMENTS/OTHER:

I certify that this participant has received the immunizations and tests required by State Law (RDS 200:38) for Camp attendance: (Diphtheria, Tetanus, and Pertussis; Polio; Hepatitis B; Measles, Mumps, and Rubella; and Varicella).

EXCEPTIONS: \_\_\_\_\_

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

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Month Day 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

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*Parent/guardian signature*

*Date*