



TOWN OF CARMEL RECREATION & PARKS DEPARTMENT  
SYCAMORE PARK, 790 LONG POND ROAD  
MAHOPAC, NEW YORK 10541

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WEB: <http://www.carmelny.org>

## Summer Camp Physician's Note

<u>Child's Name:</u>	<u>Child's DOB:</u>
<u>Parent/Guardian Name:</u>	<u>Parent/Guardian Phone Number:</u>
<u>Name of Medication(s):</u>	<u>Diagnosis of Condition:</u>
<u>Dosage and Frequency:</u>	<u>Purpose of Medication:</u>
<u>Directions for Self-Medication (please attach instructions):</u>	
<u>Doctor's Name:</u>	<u>Doctor's Address:</u>
<u>Doctor's Tel #:</u>	<u>Doctor's Signature:</u>
<u>Other Comments:</u>	

- IF Medication is required during camp, ALL Medication(s) and Prescription(s) must be turned into the Recreation Office prior to the START OF CAMP, accompanied by this note.
- Child will NOT be permitted to start camp without the Medication(s), Prescription(s), and Physician's Note.