

Camp Physical Form

To be completed for every child attending camp

Campers Name _____ Age _____ Grade _____ Birth date _____

Parents' Name _____ Church _____

Phones: home _____ work _____ cell _____

Parents' Address _____ City _____ State _____ Zip _____

Insurance Carrier _____ Policy# _____ Group# _____

To be completed by patient:

1. Health History

Has child experienced any of the following?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart trouble |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney trouble |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Severe headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Cerebral palsy |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Serious illness or accident |

Explain those checked: _____

Immunizations:

Type	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date of last tetanus shot: _____

2. Medications

Please list any medications your child takes:

Is this child taking any medication on a regular basis?

yes no

If yes...

every day only as needed

Medication _____

Medication _____

Dosage _____ when taken _____

Dosage _____ when taken _____

Who shall administer medications?

- Camper will surrender meds to nurse for administration, or
 Camper will assume responsibility for possession and taking of meds

NOTE: All Jr. Campers must surrender medications to the camp nurse upon arrival at camp

I give the camp staff permission to administer over-the-counter medications available to my child as needed (ie. Tylenol, Ibuprofen, Caladryl, Benadryl, Maalox, etc.)

Yes

No

3. Allergies:

List his/her known allergies:

Physicians Medical Release

All campers must provide a current physical signed by a physician, physician assistant or nurse practitioner. The following form should be completed if a current physical is not available (within the last 18 months).

Name _____

Height _____ Weight _____ BP _____ HR _____

Systems Review:

If system is WNL check box or explain any abnormal finding

EENT _____

Respiratory _____

Cardio-vascular _____

Genitourinary _____

Musculo-Skeletal _____

Central Nervous _____

Endocrine _____

List any other information that is pertinent to this child:

I have examined this child and find him/her to be sufficiently healthy for camp.

Check one:

- Physician
- Physician Assistant
- Nurse Practitioner

Signature _____

Printed name _____

Phone # _____ Date _____

Are you the child's regular healthcare provider? Yes No