



PARENT/GUARDIAN: Complete top section and give this form and a copy of your completed Supplemental Health History form to your child's health-care provider for review.

Camper Name: Gender Age On Arrival At Camp: DOB:

Parent/Guardian: DOB:

Home Phone: Cell Phone: Work Phone:

HEALTH CARE PROVIDER: Please review the Supplemental Health History form (page 3) and complete all remaining sections of this form (page 4). Attach additional information if needed. If physical exam is not completed during office visit please provide a signed copy of the most recent physical completed with in the last 12 months.

PHYSICAL EXAM (ACA accreditation standards specify physical exam completed within last 12 months.)

Physical exam completed today: YES / NO If 'No', date of last physical (mm/dd/yr.):

Weight (lbs): Height (ft, in): Blood Pressure

ALLERGIES/ASTHMA: None Known / Yes Allergy (list foods, medications, environment, other):

Symptoms which occur:

Recommended Treatment:

Asthma Health Care Plan (list triggers, medications, inhaler use):

MEDICATIONS: No daily medications / Yes, will take the following medication(s) while at camp (name, dose, frequency-describe below)

NON-PRESCRIPTION MEDICATIONS: The following medications are commonly stocked in the camp Health Center and are used on an as needed basis to manage illness or injury. Select or cross out those items the camper should not be given.

- Acetaminophen (Tylenol) Ibuprofen (Advil, Motrin) Phenylephrine (Sudafed PE) Pseudoephedrine (Sudafed) Chlorpheniramine maleate
Guaifenesin Dextromethorphan Diphenhydramine (Benadryl) Generic cough drops Chloraseptic (Sore throat spray)
Lice shampoo or scabies cream (Nix or Elimite) Calamine lotion Bismuth subsalicylate (Pepto-Bismol) Laxatives for constipation (Ex-Lax)
Hydrocortisone 1% cream Topical antibiotic cream Aloe

MEDICAL TREATMENTS: None / Yes, the camper is undergoing treatment at this time for the following condition (describe below)

Other treatments/therapies to be continued at camp: None

RESTRICTIONS: No restrictions / Yes, the camper will require limitations or restrictions to the following activities while at camp (describe below)

I have reviewed the Supplemental Health History forms and have discussed the camp program with the camper's parent(s)/guardian(s). It is in my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above).

NAME OF LICENSED PROVIDER Print Name: Signature: Date:

Office Address:

Phone :