



CAMPER PHYSICAL EXAM FORM

Note: Please USE THIS FORM ONLY. Other forms are **NOT** accepted. This exam must be **within 12 weeks** of child's coming to camp. See reverse side of form for due dates; immunization records; and permission to treat statement.

Health Care Recommendations by Licensed Medical Personnel

I examined this individual (Camper Name) _____ On (Exam Date) _____

Age _____ BP _____ Weight _____ Height _____
Condition of throat _____ Eyes _____ Ears _____ Sinuses _____ Teeth _____ Abdomen _____ Lungs _____
Any heart disorder _____ Skin (Athlete's foot, Impetigo, Ringworm, etc.) _____
Orthopedic _____ Vision L _____ R _____

Any known exposure to (indication of) communicable disease currently? _____

Recommendations and Restrictions at Camp

In my opinion, the above applicant is is not able to participate in an active camp program.

Description of any limitation or restriction on camp activities: _____

The applicant is under the care of a physician for the following condition/s: _____

Treatment to be continued at camp: _____

Please Note: For the safety of every person in camp, **ALL CAMPER MEDICATIONS** are kept in the Camp Infirmary, and dispensed by the Camp Medical Staff only as indicated by written instructions of child's doctor. Medications must be labeled with: Camper name, Dr's name and phone number, name of medicine, reason for taking, and frequency of administration. A signed prescription form, including all of the above information, is also acceptable. For obvious reasons, un-labeled and/or non-prescription items are **NOT** dispensed. Re: **INHALERS** - must arrive in pharmacy-labeled box, or have prescription, or duplicate pharmacy-label attached to it. **PLEASE LIST BELOW ANY MEDICATION BEING BROUGHT TO CAMP.**

May Children's Tylenol be given if needed? Yes No State preferred alternate: _____

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Attach additional page(s) for more medications.

Identify any medications taken during the school year that participant does not/might not take during the summer: _____

For Female: Has this person menstruated? _____ If so, is her menstrual history normal? _____ If not, has she been told about it? _____ Special considerations: _____

KNOWN ALLERGIES: _____

Any medically-prescribed meal plan or dietary restrictions: _____

IMPORTANT: If needed, please attach additional page(s) to provide more information for camp health care staff.

Signature of Licensed Medical Personnel X _____

Printed or Typed Name _____ Title _____

Address _____

Phone(_____) _____ Date _____

Screening Record For camp use only

Date screened _____ Time _____ am pm

Meds given to FPC Med Staff _____

Initials _____

Updates/additions to health history noted Yes No None required

Current health needs identified _____ **Weight in** _____ **Weight out** _____

Observational notes _____

This person's complete medical record, showing date, complaint, treatment and any other pertinent medical details are all recorded in the Camp Nurse's log for this season.

Signed X _____ AZ R.N.# / M.D. # filed in current FPC Standing Orders _____ Date _____

IMPORTANT! SEE BACK OF FORM.

Camper Immunization Records

Camper's Name _____ Date Completed _____

Dates must be recorded on this form. Please don't write "Up-to-date" or "refer to last year's form". Copies of immunization records are acceptable.

Note: This form will be returned if all dates are not recorded!

Please give **all dates** of immunization for:

Vaccine	Dates	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR		_____	_____	_____	_____	_____	_____
or Measles		_____	_____	_____	_____	_____	_____
or Mumps		_____	_____	_____	_____	_____	_____
or Rubella		_____	_____	_____	_____	_____	_____
Haemophilus influenza B		_____	_____	_____	_____	_____	_____
Hepatitis B		_____	_____	_____	_____	_____	_____
Varicella (chicken pox)		_____	_____	_____	_____	_____	_____
Pneumonia		_____	_____	_____	_____	_____	_____

Permission To Seek Medical Care

Please read the following statements and sign. You will have already electronically signed a permission to treat if you have completed the Health History online. We are asking for you to sign the statement again so that we have a hard copy that we can give to staff in the event your camper will be out of camp (i.e. climbing, hiking, etc.)

Important - The following two boxes must be complete for attendance

Parent/Guardian Authorizations:

I hereby give permission to the Camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the Camp to arrange necessary related transportation for my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to secure and administer treatment, including hospitalization, for the person named above, and I release Friendly Pines Camp, Inc., its officers, directors, and other personnel from all liability which may result from any of the aforementioned actions. This completed form may be photocopied for trips out of Camp.

Signature of parent/guardian X _____ Date _____

Printed Name _____

I, the camper, also understand and agree to abide by any restrictions placed on my participation in all phases of camp.

Signature of minor X _____ Date _____

Please mail this completed *Camper Physical Exam Form* (and *Asthma Action Plan*, if applicable) and submit Camper Health History by:

- May 28 for Session One
- June 11 for Session Two
- June 25 for Session Three
- June 25 for Trailseekers A or B

**Important: The *Camper Health History* can be done online or downloaded and completed by hand.
Just go to www.friendlypines.com.**