



MEDICAL FORMS & INFO



SUMMER 2026

MEDICAL PAPERWORK & FORMS DUE DATES BY SESSION

SESSION	DUE DATE
SESSION 1 PIONEER A & B ADVENTURE TRAILS LIT A	May 17
SESSION 2 EXPLORER A & B LIT B	May 31
SESSION 3 TRAILSEEKER A & B CIT	June 14
SESSION 4 MOUNTAINEER A & B	June 28



COMPLETING THE ONLINE CAMPER HEALTH HISTORY FORM

The Camper Health History Form is done online and is the focus of this document.

Parents and/or guardians complete Camper Health History. The Camper Health History deals with allergies, dietary needs, past injuries, illnesses, etc. You can complete this online form at any time, but it **MUST BE COMPLETED BY THE SESSION'S CORRESPONDING DUE DATE LISTED ON PAGE 3.**

Below are some basic instructions on COMPLETING THE ONLINE CAMPER HEALTH HISTORY FORM. If you have any questions please contact us and we will be glad to help you!

1) Go to the Friendly Pines Camp website (<https://friendlypines.com>); hover over the "CURRENT FAMILIES" tab at the top of the homepage and wait for the menu to pop up. Then, click "Account Login". (You can also click on the "ENROLL NOW/JOIN THE WAITLIST" button at the top of the page.)

Use the email address and password you used to create your camper's application; i.e., do not create a new account, as your camper's enrollment info will not be present within this new account. If you can't remember your password, you can use the "Reset Password" link with the email address you used before. This will bring you to the Online Registration Homepage.

2) Click on the "View Details" link under the "View My Registrations/Summer 2026" header.

3) You should now be on the "REGISTRATION DETAILS" page. On the right side you will see the Forms column. It should show each registered camper and the forms that have already been submitted, as well as the ones that have yet to be completed.

4) Click on "CAMPER HEALTH HISTORY" for the camper, or one of the campers whose form needs "to be completed".

You should now be on Page 1 of this 6 page form. You may proceed.

Note: All items throughout the form with a red asterisk () are required.*

PAGE 1 - HEIGHT & WEIGHT	These are the only required pieces of information for this page.
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<p>PAGE 2 - ALLERGIES & DIETARY RESTRICTIONS</p>	<p>Here, you will give us complete information about the camper's allergies and dietary needs. This information will be shared with the medical staff, the kitchen, and your camper's counselor.</p>
<p>PAGE 3 - MEDICATIONS & TREATMENTS</p>	<p>Please list all prescribed medications your child is currently taking (and will continue to do so at camp), as well as dosage. Doctor's note is required for non-prescription drugs & supplements such as vitamins and melatonin.</p> <p>A note about</p> <p><u>OVER THE COUNTER MEDICATIONS:</u> You will see a list of the medications we keep on hand in the Health Center. Indicate whether or not your child is allowed to take these medications. <i>Please don't send your camper with any of these OTC medications, we have them at camp!</i></p>
<p>PAGE 4 - HEALTH HISTORY</p>	<p>The form starts with a long list of medical conditions.</p> <p>The second part of the form is a list of diseases (mostly childhood diseases).</p> <p>When you check a box under either the medical conditions or disease history that applies to your child, another box will open which will allow for additional information about the occurrence, condition or illness.</p> <p>You will notice a section on activity restrictions. This section is intended for activities that you feel your camper should avoid or need help with because of physical restrictions. You are welcome, however, to use this section for letting us know about activities you would prefer your child not participate in for philosophical or personal reasons.</p>
<p>PAGE 5 - HEALTH INSURANCE & DOCTOR INFO</p>	<p>Provide health insurance and physician information here. Please remember that Friendly Pines Camp carries a modest health insurance policy for each camper. It will be used as the primary insurance in the event of illness or injury. There is a \$1,100 limit for illness and a \$3,500 limit for accidents. If the costs exceed this, the excess will be passed on to your insurance.</p>

This is perhaps the most critical section of them all. Your electronic signature will allow us to seek medical care for your camper should that ever be necessary.

You're finished! Make sure you submit the Camper Health History; once you've correctly and fully done so, the Health History Form should carry a "Completed" status within your "Forms" column. Complete the form again for another camper if applicable.

ADDITIONAL INFORMATION:

- You may complete this form at any time, and the sooner the better!
- Please be timely. Information in both the **HEALTH HISTORY** and the **PHYSICAL EXAM** forms is reviewed by our medical staff **BEFORE** the campers arrive. The medical staff share important information about your campers with the children's counselors; therefore, we need this information a few weeks before the session actually begins in order to do our very best job for your camper.
- A reminder of our due dates, at right:

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IMPORTANT: ONCE THE FORM IS SUBMITTED NO CHANGES CAN BE MADE ONLINE. IF YOU NEED TO CHANGE INFORMATION, PLEASE CONTACT FPC DIRECTLY:

EMAIL: medical@friendlypines.com

PHONE: (928) 445-2128

FAX: (928) 445-6065

CAMPER PHYSICAL EXAM FORM

NOTE: WE PREFER THAT THIS FORM IS USED WHENEVER POSSIBLE. PLEASE SEE PG. 2 FOR INSTRUCTIONS & ON COMPLETING & SUBMITTING THIS FORM & DUE DATES.

CAMPER'S LAST NAME: _____ CAMPER'S FIRST NAME: _____
 DATE OF BIRTH: _____ AGE AT CAMP: _____ GENDER: _____
 SESSION(S) ATTENDING: _____

EXAM DATE: _____ BP: _____ Weight: _____ Height: _____
 CONDITION OF
 Throat: _____ Eyes: _____ Ears: _____ Sinuses: _____ Teeth: _____ Abdomen: _____ Lungs: _____
 Any heart disorder?: _____ Skin (athlete's foot, impetigo, ringworm, etc.): _____
 Orthopedic: _____ Vision (Left): _____ Vision (Right): _____
 Any known exposure to (indication of) communicable disease currently?: _____

RECOMMENDATIONS & 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 conditions: _____

Treatment to be continued at camp: _____

PRESCRIBED & REGULAR MEDICATIONS

PLEASE NOTE: For the safety of every person in camp, ALL CAMPER MEDICATIONS are kept in the Camp Medical Center (Infirmary), and dispensed by the Camp Medical Staff *only as indicated by written instruction of child's doctor.* Medications must be labeled with: CAMPER'S NAME, DR.'S NAME & NUMBER, NAME OF MEDICATION, REASON FOR TAKING, & 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.

May Children's Tylenol be given if needed? **YES** **NO** State preferred alternate: _____

THIS CAMPER TAKES MEDICATION AS FOLLOWS: PLEASE ATTACH ADDITIONAL PAGE(S) FOR MORE MEDICATIONS.

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: _____

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

For female: has this camper 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 pages to provide more information for camp medical staff.

Signature of Licensed Medical Personnel: x _____

Print or Typed Name: _____ Title/License Type: _____

Phone: _____ Date: _____

Address: _____

SCREENING RECORD (THIS BOX FOR CAMP USE ONLY!)

Date screened: _____ Time: _____ Meds given to FPC Med Staff? _____ Initials: _____ Updates/additions?: YES NO

Observational Notes: _____

CAMPER PHYSICAL EXAM FORM INSTRUCTIONS

We must have a Camper Physical Exam Form for each camper. Below are some bullet points to help clarify the process.

- The Camper Physical Exam Form is different from the online Camper Health History. Often times parents get the two confused.



- The Camper Physical Exam is really just like a sports physical. Your camper(s) may have already gotten a physical for another activity within the calendar year. We will happily accept that form if you wish to upload it.
- These Camper Physical Exams, of course, can be done by your physician; however they can also be obtained at walk-in clinics. Pharmacies sometimes offer an inexpensive sports physical service as well.
- Physical Exams must be completed within one-calendar year of attending camp.

You can submit your Camper Physical Form in a few different of ways:

UPLOAD IT TO YOUR CAMPBRAIN ACCOUNT (OUR FIRST PREFERENCE)

- Save the Physical Exam document as one (1) complete PDF file* on your computer or device
- Go to <https://friendlypines.com>. Hover over the "CURRENT FAMILIES" menu, then click "Account Login"
- Log in to your CampBrain Account
- Click on "View Registration Details" after you've logged in
- You should land on the "Registration Details" page; scroll down to the bottom of the page until you find "Upload Document"
- Find the camper for whom you want to upload a Camper Physical Exam Form. Click on the "Upload" button and follow the instructions.

EMAIL IT TO US (OUR SECOND PREFERENCE)

- Save the Physical Exam document as one (1) complete PDF file* on your computer or device
- Open a new email with the subject line " (Your Camper's Name) Physical Exam Form" (e.g. "Lorelei Gilmore Physical Exam Form")
- Attach it to an email addressed to medical@friendlypines.com & send

FAX IT TO US (OUR THIRD PREFERENCE)

- Fax the document to us at (928) 445-6065

**SCANNING TIP: We suggest using apps like Scannable, your iPhone's Notes app, Adobe Scan, Microsoft Lens, Google Drive scan, etc. to scan your camper's Physical Exam form into a PDF format. Please refrain from simply taking a picture of the document and sending that in, as most of the time doing so renders the document unreadable due to shadows, focus, paper position, etc. These apps are among the many available to use to capture documents successfully.*

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SUBMITTING IMMUNIZATION RECORDS

FOR FIRST-TIME CAMPERS

You will upload a PDF* copy of your camper's immunization records directly into your CampBrain household account. Please make sure to combine multiple paged records into ONE document for upload; you cannot upload each page individually.

1. Login to your CampBrain portal (Click the "ENROLL NOW/JOIN THE WAITLIST" button at the top of each friendlypines.com webpage and log in at the bottom left of the landing page)
2. Click on "View Details" under the "View My Registrations/Summer 2026" header
3. On the "REGISTRATION DETAILS" page, scroll down until you find the "Upload Documents" section
4. Find the camper for whom you want to upload an immunization record. Click on the Upload button and follow the instructions.
5. Once the document has been successfully uploaded, you should see a "SUBMITTED" label next to the name of the uploaded document.

FOR RETURNING CAMPERS

If you attended camp in 2025, we likely still have your immunization records on file from when you uploaded them to your household account for last summer. **Please let us know if you'd like to use records from Summer 2025.**

If your camper hasn't had any updates, the record from last year is fine as is. **Please email medical@friendlypines.com to let us know to use the records from last year.**

If your camper has had updates since last summer and you want to submit a new record, please follow the steps listed above for New Campers.

IMPORTANT: ONCE A DOCUMENT HAS BEEN UPLOADED/SUBMITTED, NO CHANGES CAN BE MADE ONLINE. IF YOU NEED TO CHANGE INFORMATION, PLEASE CONTACT FPC DIRECTLY:

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PHONE: (928) 445-2128

FAX: (928) 445-6065

**SCANNING TIP: We suggest using apps like Scannable, your iPhone's Notes app, Adobe Scan, Microsoft Lens, Google Drive scan, etc. to scan your camper's Physical Exam form into a PDF format. Please refrain from simply taking a picture of the document and sending that in, as most of the time doing so renders the document unreadable due to shadows, focus, paper position, etc. These apps are among the many available to use to capture documents successfully.*

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CAMPER ASTHMA ACTION PLAN

***This form is only necessary for campers who have asthma or who have ever experienced asthma-like symptoms.

PARENTS/GUARDIANS: PLEASE FILL OUT THE FIRST PAGE OF THIS FORM, THEN HAVE YOUR CAMPER'S PHYSICIAN COMPLETE THE SECOND PAGE. RETURN BOTH PAGES TO MEDICAL@FRIENDLYPINES.COM

CAMPER'S FIRST & LAST NAME: _____

DATE OF BIRTH: _____ AGE: _____ GRADE NEXT FALL: _____

ASTHMA CARE PHYSICIAN: _____ PHONE #: _____

OTHER PHYSICIAN: _____ PHONE #: _____

When my child is nearing an asthma episode, I notice these signs (please circle all that apply):

- | | | | |
|------------------------|--------------|---------------|--------------------|
| Runny/stuffy nose | Tummy ache | Getting upset | Coughing |
| Funny feeling in chest | Feeling weak | Nervous | Watery eyes |
| Itchy throat | Headache | Sad | Circles under eyes |
| Itchy chest | Dry mouth | Sneezy | Fatigue |

Other signs my child exhibits: _____

My child's asthma triggers (things that start an asthma attack) are (please circle all that apply):

- | | | | |
|------------------|--------------------------------|----------------------------|-----------------------|
| Animals with fur | Smoke | Sinus infections | Emotions (sad, happy) |
| Dust | Cold air | Exercise (running, sports) | Cockroaches |
| Cigarette smoke | Aerosols (hair spray, perfume) | Humid air | Mold |
| Strong smells | Colds | | |

Food triggers: _____

Other triggers: _____

I have reviewed my child's action plan with my child's asthma care physician and believe all of the information to be accurate. I agree to notify the Camp Medical Staff of any changes in my child's condition including emergency room visits and hospitalizations. I give the Friendly Pines Camp staff and its physician permission to contact one another or my insurance/Medicaid carrier for the purpose of obtaining information related to my child's health. A reasonable effort will be made to obtain the information from me prior to any other source.

Parent/Guardian Signature: _____ Date: _____



ASTHMA ACTION PLAN

to be completed by Physician

CHILD'S NAME: _____ HEIGHT: _____ WEIGHT: _____

POSSIBLE WARNING SIGNS	PEAK FLOW ZONES	TREATMENT PLAN
<p>ALL CLEAR!</p> <ul style="list-style-type: none"> sleeping without symptoms able to do normal activities w/out symptoms <p style="text-align: center;"><i>OR</i></p> <ul style="list-style-type: none"> peak flow 80 or 100% of predicted or personal best <p>Camper's <i>personal best</i> peak flow meter reading is:</p> <p>_____</p> <p style="text-align: center;"><i>OR</i></p> <p>Camper's <i>predicted</i> peak flow meter reading is:</p> <p>_____</p>	<p>GREEN ZONE: ALL CLEAR!</p> <p>_____ to _____</p> <p><i>Greater than 80% of best predicted peak flow</i></p>	<p>LONG-TERM CONTROL: <i>(daily meds)</i></p> <p>Medicine Dose Frequency</p> <p>_____</p> <p>_____</p> <p>BEFORE EXERCISE: Take <input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs of</p> <p>_____</p> <p>_____ minutes before exercise</p>
<p>BE CAREFUL!</p> <p>Early warning signs of asthma may be seen:</p> <ul style="list-style-type: none"> cold symptoms and/or fever coughing/wheezing but able to do normal activities shortness of breath with activity chest tightness waking at night <p style="text-align: center;"><i>OR</i></p> <ul style="list-style-type: none"> peak flow 50-80% of personal best 	<p>YELLOW ZONE: CAUTION!</p> <p>_____ to _____</p> <p><i>50-80% of best and/or predicted peak flow</i></p> <p><i>This is NOT where camper should be every day.</i></p> <p style="text-align: center;">TAKE ACTION</p>	<p>QUICK RELIEF: <i>(for mild/moderate symptoms)</i></p> <p>First Medicine:</p> <p>_____</p> <p>Take <input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs or <input type="checkbox"/> by nebulizer one time</p> <p>Then:</p> <p>_____</p> <p>If improvement in 15 min:</p> <p>_____</p> <p>If NO improvement in 15min:</p> <p>_____</p> <p>_____</p>
<p>DANGER!</p> <p>This is an emergency; you need help!</p> <ul style="list-style-type: none"> difficulty walking or talking uses neck/stomach muscles when breathing needs rescue medication more frequently than every 4 hours constant coughing worsening symptoms after treatments blue or gray lips or fingernails <p style="text-align: center;"><i>OR</i></p> <ul style="list-style-type: none"> peak flow less than 50% of personal best 	<p>RED ZONE: DANGER!</p> <p>_____ to _____</p> <p><i>less than 50% of best and/or predicted peak flow</i></p>	<p>ALERT: <i>(for severe symptoms)</i></p> <p>First, take this medication:</p> <p>Take <input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs or <input type="checkbox"/> by nebulizer one time</p> <p>If feeling better or repeat peak flow is in yellow zone, call doctor and ask for further instructions.</p> <p>If no improvement or repeat peak flow in red zone or nails/lips are blue or breathing is difficult GO TO THE EMERGENCY ROOM OR CALL 911!</p>

Physician Signature: _____ Date: _____
(print & sign)

Address: _____

Phone Number: _____

NON-PRESCRIPTION DRUGS & SUPPLEMENTS

It has been our long-standing policy to **NOT administer any medications that are not prescribed by a doctor**. All meds must come in the labeled prescription bottle or be accompanied by a doctor's signed directions. You will find this policy expressed on the Camper Physical Exam Form and in the Parent Handbook.

These non-prescribed meds tend to fall under a couple of categories. Many parents bring in bags of common over-the-counter medications. They are often simple items like Ibuprofen or Benedryl. We DO stock many of these common medications, and all of them have been approved by the physicians who write and review our standing orders. So if your child takes a particular over-the-counter allergy medicine, chances are we have it and have been given doctor's approval to administer it. If you have some over-the-counter medication that you give your child daily, **you will need to provide a doctor's orders**.

The other non-prescribed medications that we see often falls into the homeopathic or supplemental category - vitamins, supplements such as melatonin, herbal supplements, essential oils, etc. We know that many of you give your children these products daily, but in order for our nurses to do so, **we will need a doctor's orders**. Our med staff, understandably, is reluctant to giving out medications that they know little or nothing about. There is a liability risk that they are not willing to assume, and we back them on this.

So, please comply to our request to make sure that any medications that you bring to camp for your child are accompanied with signed doctor's orders or are in a labeled bottle. In these cases, we are happy to comply.

If you have any questions, please contact us.