



# 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

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 THE NEXT PAGE.**

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 [friendlypines.com](http://friendlypines.com), then, click "[Account Login](#)."
2. Click on the "View Details" link under "View My Registrations."
3. On the right side, under "Forms," you will see "CAMPER HEALTH HISTORY." Start and submit the form.

PAGE 1 - GENERAL INFO	Height and weight are the only required pieces of information for this page.
PAGE 2 - ALLERGIES	This information will be shared with the medical staff, the kitchen, and your camper's counselor.
PAGE 3 - MEDICATIONS	Please list all prescribed medications your child will continue to take at camp. Doctor's note is required for <b>non-prescription drugs &amp; supplements</b> such as vitamins and metalonin. There is a list of the OTC medications we keep on hand in the Infirmary. Indicate whether or not your child is allowed to take them. <i>Please <b>don't</b> send your camper with any of these OTC medications, we have them at camp!</i>
PAGE 4 - IMMUNIZATIONS	Friendly Pines Camp follows health and safety standards set by the <b>American Camp Association and the Arizona Guide to Immunizations Required for Entry</b> . Some vaccinations are required under Arizona guidelines, while others are recommended.
PAGE 5 - HISTORY	Medical conditions and diseases. Provide additional information about the occurrence, condition or illness. If your camper has any activity restrictions, please provide details. You are welcome to use this section to let us know about activities you would prefer your camper <b>not</b> participate in for philosophical or personal reasons.

PAGE 6 - INSURANCE	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. If the treatment costs exceed our insurance's limit, the excess will be passed on to your insurance.
PAGE 7 - WAIVER	<u>Your electronic signature will allow us to seek medical care for your camper should that ever be necessary.</u>

Make sure you “COMPETE” the Camper Health History (not just save). The Camper Health History Form should now show "Completed" under “Forms” column. Complete the form for all registered campers.

**ADDITIONAL INFORMATION:**

- Please be timely. Information in both the HEALTH HISTORY and the PHYSICAL EXAM FORM 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 take care of 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](mailto:medical@friendlypines.com)  
**PHONE:** (928) 445-2128  
**FAX:** (928) 445-6065

# 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.



- 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)

1. Save the Physical Exam document as **one (1)** complete PDF file\* on your computer or device
2. Go to the [friendlypines.com](http://friendlypines.com), then, click "[Account Login](#)."
3. Click on the "View Details" link under "View My Registrations."
4. Scroll down to "**Upload Document**"
5. Find the camper for whom you want to upload a Camper Physical Exam Form. Click "Upload" and submit the document.

## EMAIL IT TO US (OUR SECOND PREFERENCE)

1. Save the Physical Exam document as **one (1)** complete PDF file\* on your computer or device
2. Attach it to an email addressed to [medical@friendlypines.com](mailto:medical@friendlypines.com) & send

## FAX IT TO US (OUR THIRD PREFERENCE)

1. 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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# 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 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><b>ALL CLEAR!</b></p> <ul style="list-style-type: none"> <li>sleeping without symptoms</li> <li>able to do normal activities w/out symptoms</li> </ul> <p style="text-align: center;"><i>OR</i></p> <ul style="list-style-type: none"> <li>peak flow 80 or 100% of predicted or personal best</li> </ul> <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><b>GREEN ZONE: ALL CLEAR!</b></p> <p>_____ to _____</p> <p><i>Greater than 80% of best predicted peak flow</i></p>	<p><b>LONG-TERM CONTROL:</b> <i>(daily meds)</i></p> <p>Medicine Dose Frequency</p> <p>_____</p> <p>_____</p> <p><b>BEFORE EXERCISE:</b> Take <input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs of</p> <p>_____</p> <p>_____ minutes before exercise</p>
<p><b>BE CAREFUL!</b></p> <p>Early warning signs of asthma may be seen:</p> <ul style="list-style-type: none"> <li>cold symptoms and/or fever</li> <li>coughing/wheezing but able to do normal activities</li> <li>shortness of breath with activity</li> <li>chest tightness</li> <li>waking at night</li> </ul> <p style="text-align: center;"><i>OR</i></p> <ul style="list-style-type: none"> <li>peak flow 50-80% of personal best</li> </ul>	<p><b>YELLOW ZONE: CAUTION!</b></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;"><b>TAKE ACTION</b></p>	<p><b>QUICK RELIEF:</b> <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 <b>NO</b> improvement in 15min:</p> <p>_____</p> <p>_____</p>
<p><b>DANGER!</b></p> <p>This is an emergency; you need help!</p> <ul style="list-style-type: none"> <li>difficulty walking or talking</li> <li>uses neck/stomach muscles when breathing</li> <li>needs rescue medication more frequently than every 4 hours</li> <li>constant coughing</li> <li>worsening symptoms after treatments</li> <li>blue or gray lips or fingernails</li> </ul> <p style="text-align: center;"><i>OR</i></p> <ul style="list-style-type: none"> <li>peak flow less than 50% of personal best</li> </ul>	<p><b>RED ZONE: DANGER!</b></p> <p>_____ to _____</p> <p><i>less than 50% of best and/or predicted peak flow</i></p>	<p><b>ALERT:</b> <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 <b>GO TO THE EMERGENCY ROOM OR CALL 911!</b></p>

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(print & sign)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# NON-PRESCRIPTION DRUGS & SUPPLEMENTS

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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.