

# CAMPER MEDICAL FORM

*(Must be completed and signed by **Specialist**)*

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Wt.: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Other Diagnoses: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please describe any **current medical problems**. \_\_\_\_\_

PHYSICAL EXAM significant findings \_\_\_\_\_

## MEDICATIONS

Name:	Dose:	Route:	Frequency:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is the child's development appropriate for his/her age?  Yes  No

If no, at what age does s/he function? \_\_\_\_\_

Pertinent Psychosocial Information, including any behavior problems that would affect child's participation in a group.

Please specify any camp activity restrictions \_\_\_\_\_

Physician's Statement: I have examined this child and find him/her physically able to attend camp.

I understand that the above Treatment Plan will be followed at camp, unless other orders are received.

**A copy of the most recent OFFICE NOTES must also be sent to Camp Boggy Creek**

\_\_\_\_\_  
Signature of MD/ARNP/PA

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treatment Center

\_\_\_\_\_  
Emergency number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
MD/ARNP/PA email address

(Camp Boggy Creek fax 352-483-2959)

