

CAMPER MEDICAL FORM

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

Camper's Name: _____ DOB: _____ Date of Diagnosis: _____

Primary Diagnosis: _____

Other Diagnoses: _____

Mental Health Diagnoses (including any recent hospitalizations for mental health): _____

Has the Camper been diagnosed with Autism? Yes No

Allergies: _____

Please describe all **current medical problems**: _____

******A copy of the most recent Office/Clinic Visit Notes must also be sent to Camp Boggy Creek******

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 Mental Health Information, including behavior problems that would affect child's participation in a group:

Please specify any camp activity restrictions: _____

Provider Statement: I have examined this child and find him/her physically/mentally able to attend camp.

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

Signature of Specialist

Print Specialist Name

Date

Treatment Center

Emergency number

Fax number

Specialist's email address



(Camp Boggy Creek fax 352-483-2959)

Camper's name: _____

IMMUNE DEFICIENCY SPECIFIC INFORMATION

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

Diagnoses: _____

Complications: _____

Recent Labs: Date _____ H/H _____ WBC _____

Segs _____ Bands _____ Lymphs _____ Platelets _____

Significant Abnormal Labs: _____

PPD Date _____ Negative _____ Positive _____ If positive, give details of treatment and contagiousness _____

Chronic diarrhea? YES NO

FOR CHILDREN WITH ACQUIRED IMMUNE DEFICIENCY / HIV INFECTION

Viral load: _____ CD4 count _____ Date _____

How was child infected? Vertically acquired _____ Other _____

Does child know his/her diagnosis? YES NO If yes, how long has s/he known? _____

What terms does child use to describe his/her illness? _____

Is child comfortable with disclosure issues? YES NO

Signature of Specialist

Print Specialist Name

Date

