

CAMPER PHYSICAL FORM

All overnight summer campers must have a physical form on file that is dated within 12 months* of their camp session date. It must be signed by a physician and submitted at least 2 weeks prior to the session start date. It does not need to be mailed with the application, but must be received 2 weeks prior to the session start date, or the camper may be removed from the session.

CAMPER NAME: _____ DOB: _____ SEX: _____

1. Applicant must be diagnosed with a physical, developmental or cognitive disability or mental illness.
2. Applicant must be capable of social interaction and participation in camp activities.
3. Applicant must be able to communicate needs through at least a yes or no response (e.g. eye blinks, headshake, use of communication board, etc.).

PRIMARY DIAGNOSIS/DISABILITY: _____

SECONDARY DIAGNOSIS: _____

MEDICAL HISTORY:

- ☐ Asthma/Respiratory problems
- ☐ Diabetes Type: _____
- ☐ Heart Defect ☐ Apnea
- ☐ Kidney Disorder ☐ Other
- ☐ Seizures
- ☐ Down Syndrome: Atlanto Axial Instability? ☐ Yes ☐ No

Immunizations (check all that have been issued and provide immunization dates):

- ☐ Diphtheria _____/_____/_____
- ☐ Pertussis _____/_____/_____
- ☐ Measles _____/_____/_____
- ☐ Polio _____/_____/_____
- ☐ Small Pox _____/_____/_____
- ☐ Rubella _____/_____/_____
- ☐ COVID-19 Dose 1 _____/_____/_____
- ☐ COVID-19 Dose 2 _____/_____/_____
- ☐ COVID-19 Booster #1 _____/_____/_____

Date of last Tetanus shot (must be within 10 years):

_____/_____/_____

CURRENT

HEALTH: Height: _____ Weight: _____ BP: _____ HR: _____ RR: _____ Temp: _____ Pulse Ox: _____

OVERALL HEALTH CONDITION: _____

Other information for health care staff, including treatments to be continued at camp, activity restrictions, medically prescribed meal plan, or dietary restriction while at camp:

I have reviewed the camper's health history and discussed the camp program with the camper and/or parent/guardian. It is my opinion that the applicant is physically and emotionally fit to participate in the session at Indian Trails Camp (except as noted above).

Physician's Signature

Date

Physician's Office Name & Phone #

➔ NOTE: Completed forms can be emailed to info@ikuslife.org or faxed to 616.677.2955. ➔

*For example, if the physical is dated 8/1/24 and the camper is attending a June 2025 session, we would not need an updated form.

