CAMPER HEALTH-CARE RECOMMENDATIONS by LICENSED MEDICAL PERSONNEL FORM 2	To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM-1) to your child's health-care provider for review.	Camper
Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses	Dates will attend camp: fromtoto	er Name
	Camper Name: Hiddle Last	ָ
Mail this form to the address below by (date)	☐ Male ☐ Female Birth Date Age on arrival at camp	First
	Camper home address:	1
	• City State Zip Code	1
	Custodial parent(s)/guardian(s) phone: () ()	
	• Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.	‡
	······································	1
The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and	Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.	
injury. Medical personnel: Cross out those items the	Physical exam done today: ☐ Yes ☐ No (If "No," date of last physical:)	1
camper should <u>not</u> be given. Acetaminophen (Tylenol)	ACA accreditation standards specify physical exam within last 24 months.	Middle
Ibuprofen (Advil, Motrin) Phenylephrine (Sudafed PE) Pseudoephedrine (Sudafed)	Weight:lbs Height:ftin Blood Pressure/	- -
Chlorpheneramine maleate Guaifenesin	Allergies: ☐ No Known Allergies	
Dextromethorphan Diphenhydramine (Benadryl)	☐ To foods (list):	
Generic cough drops Chloraseptic (Sore throat spray)	☐ To medications: (list):	
Lice shampoo or scabies cream (Nix or Elimite) Calamine lotion	☐ To the environment (insect stings, hay fever, etc.— list):	
Bismuth subsalicylate (Pepto-Bismol) Laxatives for constipation (Ex-Lax)	☐ Other allergies: (list):	
Hydrocortisone 1% cream	Describe previous reactions:	
Topical antibiotic cream Calamine lotion		Last
Aloe		#
<u>Diet, Nutrition</u> : □ Eats a regular diet. □ Has a medically prescribed meal plan or dietary restrictions: (describe below)		(For Camp Use) Cabin
The camper is undergoing treatment at this time for the following conditions: (describe below) □ None.		
		윽
Medication: ☐ No daily medications. ☐ Will take	the following prescribed medication(s) while at camp: (name, dose, frequency—describe below)	Group
Other treatments/therapies to be continued at camp: (describe below) None needed.		
Do you feel that the common will be with the time	and an applications to setivity while at some 2. This TV-s	(For
• • • • • • • • • • • • • • • • • • • •	ons or restrictions to activity while at camp? □ No □ Yes	Cam
If you answered "Yes" to the question above, v	hat do you recommend? (describe below—attach additional information if needed)	(For Camp Use) Session Code(s):
parent(s)/guardian(s). It is my opinion that the	Y FORM (FORM 1), and have discussed the camp program with the camper's camper is physically and emotionally fit to participate in an active camp program (except as	Code(s
noted above.) Name of licensed provider (please print):	Signature: Title:	
,		
Office Address	City State Zip Code	
Telephone: () Date:	4
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