



Physician Signature and Recommendation Form

Have your child's health care professional complete and sign this form. Copy both sides of your child's **health insurance card**, and send, with this completed form, to the address below by **June 1**. A new form is required each year.

Camper Name _____ Session Name _____

Physical Exam:

Was a physical exam done today? Yes No

If No, enter date of last physical: _____
(must be within 2 years of camp attendance)

Weight: _____ lbs Height: _____ ft _____ in

Blood Pressure: _____ / _____

Allergies:

- No known allergies
- To foods (list): _____
- To medications: (list): _____
- To the environment: (insect stings, hay fever, etc.- list): _____
- Other allergies (list): _____

Diet/Nutrition:

- Eats a regular diet
- Has a medically prescribed meal plan or dietary restrictions (describe): _____

OTC Medications:

The following non-prescription medications are commonly stocked in camp Health centers and are used on an as needed basis to manage illness and injury.

Medical Personnel: Cross out those items the camper should not be given:

- | | |
|--|----------------------------------|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine (Sudafed PE) | Pseudoephedrine (Sudafed) |
| Chlorpheniramine maleate | Guaifenesin |
| Dextromethorphan | Diphenhydramine (Benadryl) |
| Generic cough drops | Chloraseptic (sore throat spray) |
| Laxatives for constipation (Ex-Lax) | Aloe |
| Calamine lotion | Hydrocortisone 1% cream |
| Topical antibiotic cream | Calamine lotion |
| Bismuth subsalicylate (Pepto-Bismol) | |
| Lice shampoo or scabies cream (Nix or Elimite) | |

Is this camper currently undergoing treatment for any condition? Yes No If yes, describe here: _____

Will this camper be taking any medications while at camp? Yes No daily medications If yes, include the name, dose, frequency of medication: _____

Are there other treatments/therapies to be continued at camp? Yes No If yes, describe here: _____

Do you feel that the camper will require limitations or restrictions to activity while at camp? Yes No
If yes, what do you recommend? Describe here: _____

Signature of Licensed Health Care Provider:

I have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Signature _____ Title: _____ Date: _____

Printed Name: _____ Telephone: _____

Office Address _____

street

city

state

zip

Return by June 1 to Camp Westminster on Higgins Lake
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