Children's Healthcare of Atlanta Camps

CAMP CARPE DIEM CAMPER MEDICAL FORM

This form is to be completed by a licensed healthcare provider. Examination required within 12 months of camp.

Patient Information:

NAME (first/last): _____ GENDER: M F DOB: _____ AGE: _____

PHYSICIAN: _____ PHONE: _____ DATE OF LAST EXAM: _____

Medical Information:

HT: _____ WT: _____ BP: _____

Explain using code: *S Satisfactory* *NS Not Satisfactory*

Eyes: _____ Ears: _____ Nose: _____ Throat: _____ Heart: _____ Lungs: _____ Abdomen: _____ Skin: _____ Extremities: _____

Abnormal Findings?: _____

Daily Medications to be continued at camp?: ☐ YES ☐ NO

If yes, please describe dose and frequency: _____

_____

Is the patient under the care of a physician for any conditions?: ☐ YES ☐ NO

Do you feel the camper will require limitations or restrictions to activity while at camp? ☐ YES ☐ NO

Other treatments/therapies to be continued at camp?: ☐ YES ☐ NO

If "yes," please explain: _____

_____

Patient Allergies:

☐ No Known Allergies

☐ To foods: _____ ☐ To Medications: _____

☐ To the environment (insect stings, hay fever etc.): _____ ☐ Other: _____

Patient Diet:

☐ Eats Regular Diet ☐ Has medically prescribed meal or dietary restrictions: _____

☐ Other: _____

Non Prescription Medications: *Cross out the medications the camper **SHOULD NOT** be given.*

Tylenol	Calamine	Cough Syrup	Sudafed PE	Cough Drops	Pepto Bismol	Ex-Lax
Ibuprofen	Hydrocortisone	Scabies Cream	Aloe	Sudafed	Lice Shampoo	
Benadryl	Chloraseptic	Sucrets	Dextromethorphan	Guaifenesin	Topical Antibiotic	

Seizure Information :

Seizure Type:	Length:	Frequency:	Description:

Seizure triggers or warning signs: _____

Child's response after seizure: _____

Some questions and content used on this Children's Healthcare of Atlanta form were derived from the American Camp Association Resources.

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Seizure Information (continued):

Does the camper need to leave the activity after a seizure? ☐ YES ☐ NO

If "yes," when can they resume camp activities?_____

A "SEIZURE EMERGENCY" for this camper is defined as: _____

_____

SEIZURE EMERGENCY Protocol: *Check all that apply*

☐ Contact Camp Nurse

☐ Call 911 for transport to _____

☐ Notify parent or emergency contact

☐ Administer Emergency medications as indicated below

☐ Notify physician (list contact name and number) _____

☐ Other: _____

ALL campers MUST have a PRESCRIBED RESCUE MEDICATION to attend camp. If you do not use a rescue medication at home, you do not have to fill the prescription. However, we must have a prescription on file.

Please write a prescription for one if the child does not already have one.

List rescue medication to be used and dosage: _____

Basic Seizure First Aid:

- Stay calm and track time
- Keep child safe
- Do not put anything in mouth
- Stay with child until fully conscious
- Record in seizure log

For Tonic-clonic Seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts more than 5 minutes
- Child has repeated seizures without regaining consciousness
- Child is injured or has diabetes
- Child has first time seizure
- Child has respiratory difficulty
- Child has seizure in the water

Does the camper have a Vagus Nerve Stimulator? ☐ YES ☐ NO

If "yes,", please describe magnet use: _____

_____

_____

Basic First Aid and Comfort: *Please describe basic first aid and procedures*

_____

_____

Authorization for Participation:

I have reviewed the camper's health history, and 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).

HEALTHCARE PROVIDER SIGNATURE: _____ DATE: _____

HEALTHCARE PROVIDER NAME PRINTED: _____ PHONE NUMBER: _____

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