Children's Healthcare of Atlanta Camps

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: _____

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

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	

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:_____

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