

# WIZ KIDS SUMMER CAMP 2023

## PHYSICIAN'S AUTHORIZATION

(Read Carefully)

### ESSENTIAL FUNCTIONS OF A WIZ KIDS SUMMER SPORTS CAMP PARTICIPANT

A successful camper must be able to, above all, function independently in an outdoors atmosphere 5-days a week (Monday through Friday). The camp experience is very active and physically challenging for participants. Daily activities include four hours every day of rigorous competition, and four hours of group activities, most of which require physical stamina and many of which are conducted outdoors. If a chronic medical condition exists, the campers must be capable of "self-management." If the camper appears to have any serious behavioral issues or special circumstances involving physical or psychological handicaps, the Camp Director should be notified of this **NOW** because children who do not have the promise of living cooperatively with other children or safely within our environment cannot be accepted.

### HEALTH SCREENING – TO BE FILLED OUT BY LICENSED PHYSICIAN

This examination should be performed within twelve months of enrollment in **WIZ KIDS SPORTS CAMPS PROGRAMS**. Examination for any purposes within this period is acceptable; **however, this Camp health form must be completed by a physician. School or athletic forms are not acceptable.** Examination is for determining fitness to engage in strenuous activities.

To be filled out by parent and checked with physician at time of examination.

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Home Address \_\_\_\_\_ (W) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (Cell) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Home Address \_\_\_\_\_ (W) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (Cell) \_\_\_\_\_

If parents are not married to each other, please indicate who has legal custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Joint \_\_\_\_\_

### IMMUNIZATION HISTORY

Required immunizations must be determined locally. This is a record of basic immunizations and most recent booster doses.

DTaP Series Date \_\_\_\_\_ \*\*Tetanus Booster Date \_\_\_\_\_

Polio (IPV) Date \_\_\_\_\_ Chicken Pox Date \_\_\_\_\_ or Vaccine Date \_\_\_\_\_

MMR Vaccine (Live) Date \_\_\_\_\_ Menactra (Opt) \_\_\_\_\_

Hepatitis B \_\_\_\_\_

Hepatitis A (Opt) \_\_\_\_\_

Other \_\_\_\_\_

\*\* Must be current within last 10 years.

CAMPER NAME

2023

Wiz Kids Sports Camps Office Use Only

LAST FIRST

Session \_\_\_\_\_

Temp \_\_\_\_\_

Comments \_\_\_\_\_

CODE: ☐ Satisfactory ☒ Not Satisfactory (explain) ☐ Not Examined

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Hemoglobin (optional) \_\_\_\_\_ Urinalysis (optional) \_\_\_\_\_

Eyes \_\_\_\_\_ Extremities \_\_\_\_\_

Glasses \_\_\_\_\_ Posture (spine) \_\_\_\_\_

Ears \_\_\_\_\_ Skin \_\_\_\_\_

Nose \_\_\_\_\_ Throat \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Appraisal \_\_\_\_\_

RECOMMENDATIONS AND RESTRICTIONS WHILE IN CAMP \_\_\_\_\_

\_\_\_\_\_

Strenuous activity \_\_\_\_\_

I have examined this person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities except as noted above.

Examining Physician \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

M.D

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_