CAMPER MEDICAL FORM

*(To be completed and signed by **Specialist**)*

Camper's Name:_____DOB:_____Date of Diagnosis.:_____
Primary Diagnosis:_____
Other Diagnoses:_____
Mental Health Diagnoses (including any recent hospitalizations for mental health):_____

_____
Allergies:_____
Please describe all **current medical problems**: _____

_____

****A copy of the most recent Office/Clinic Visit Notes must also be sent to Camp Boggy Creek****

MEDICATIONS

Name:	Dose:	Route:	Frequency:

Is the child's development appropriate for his/her age? ❍**Yes** ❍ **No**

If no, at what age does s/he function? _____

Has the Camper been diagnosed with any behavioral, emotional, or mental health condition? ❍**Yes** ❍ **No**

Pertinent Mental Health Information, including behavior problems that would affect child's participation in a group:

_____
Please specify any camp activity restrictions:_____

_____

Provider Statement: I have examined this child and find him/her physically/mentally able to attend camp.
I understand that the above Treatment Plan will be followed at camp, unless other orders are received.

Signature of Specialist	**Print Specialist Name**	**Date**
Treatment Center	**Emergency number**	**Fax number**

Specialist's email address

(Camp Boggy Creek fax 352-306-0674)

Camper's name:_____

IMMUNE DEFICIENCY SPECIFIC INFORMATION

*(To be completed and signed by **Specialist**)*

Diagnoses: _____

Complications: _____

_____

Recent Labs: Date_____ H/H _____ WBC _____

Segs _____ Bands_____ Lymphs _____ Platelets _____

Significant Abnormal Labs: _____

_____

PPD Date_____ Negative_____ Positive_____If positive, give details of treatment and contagiousness _____

Chronic diarrhea? ❍**YES** ❍ **NO**

FOR CHILDREN WITH ACQUIRED IMMUNE DEFICIENCY / HIV INFECTION

Viral load:_____ CD4 count_____ Date _____

How was child infected? Vertically acquired _____ Other_____

Does child know his/her diagnosis? ❍**YES** ❍ **NO** If yes, how long has s/he known? _____

What terms does child use to describe his/her illness?_____

Is child comfortable with disclosure issues? ❍**YES** ❍ **NO**

_____ _____ _____

Signature of Specialist **Print Specialist Name** **Date**

CAMP Boggy CREEK