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)