Physician Signature & Recommendation Form

Camper Name:_____

Session Name_____

Have your child's health care professional complete and sign this form. Copy both sides of your child's **health insurance card**, and send, with this completed form, to the address below by **June 1.**
A new form is required each year.

Physical Exam:
Was a physical exam done today? Yes □ No □
If No, enter date of last physical: _____
(must be within 12 months of camp attendance)

Weight: _____lbs Height: _____ft_____in

Blood Pressure: _____/_____

Allergies:
□ No known allergies
□ To foods □ To medications
□ To the environment □ Other allergies

List here:_____

_____

Diet/Nutrition:
□ Eats a regular diet □ Has a medically prescribed meal plan or dietary restrictions(describe):

_____

_____

Recent Medical History
Is this camper currently undergoing treatment for any condition?
□ Yes □ No
If yes, describe here:

_____

_____

_____

Are there other treatments/therapies to be continued at camp?
□ Yes □ No
If yes, describe here:

_____

_____

_____

Do you feel that the camper will require limitations or restrictions to activity while at camp? □ Yes □ No
If yes, what do you recommend? Describe here:

_____

_____

_____

Medications:
Will this camper be taking any medications while at camp?
Yes □ No □
If yes, include the name, dose, and frequency of medication:

_____

_____

_____

_____

OTC Medications:
Medical Personnel:
Cross out those items the camper should not be given:
Acetaminophen (Tylenol) Ibuprofen (Advil, Motrin)
Phenylephrine (Sudafed PE) Pseudoephedrine (Sudafed)
Chlorpheneramine maleate Guaifenesin
Dextromethorphan Diphenhydramine (Benadryl)
Generic cough drops Chloraseptic (sore throat spray)
Laxatives for constipation (Ex-Lax) Aloe
Calamine lotion Hydrocortisone 1% cream
Topical antibiotic cream Calamine lotion
Bismuth subsalicylate (Pepto-Bismol)
Lice shampoo or scabies cream (Nix or Elimite)

Other:_____

Signature of Licensed Health Care Provider:
I 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.)

Signature :_____

Title:_____

Date:_____

Printed Name: _____

Telephone: _____

Please return to **Clearwater Forest**
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Deerwood, MN 56444

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Email: office@clearwaterforest.org