

# SAE JONG CAMP

## Physician Signature and Recommendation Form

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 before **July 18**. Late fees will apply if all forms are not completed by the specified dates. A new form is required each year.

Camper Name \_\_\_\_\_ Session Name \_\_\_\_\_

### 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 (list): \_\_\_\_\_

To medications: (list): \_\_\_\_\_

To the environment: (insect stings, hay fever, etc.- list): \_\_\_\_\_

Other allergies (list): \_\_\_\_\_

### Diet/Nutrition:

Eats a regular diet

Has a medically prescribed meal plan or dietary restrictions (describe): \_\_\_\_\_

### OTC Medications:

The following non-prescription medications are commonly stocked in camp Health centers and are used on an as needed basis to manage illness and injury.

Medical Personnel: Cross out those items the camper should not be given:

Acetaminophen (Tylenol)

Ibuprofen (Advil, Motrin)

Phenylephrine (Sudafed PE)

Pseudoephedrine (Sudafed)

Chlorpheniramine 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)

Is this camper currently undergoing treatment for any condition? Yes  No  If yes, describe here: \_\_\_\_\_

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

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: \_\_\_\_\_

### 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: \_\_\_\_\_

Office Address \_\_\_\_\_  
street city state zip

**Return completed form to Sae Jong Camp electronically via the following methods**

**EMAIL:** info@saejongcamp.org **FAX:** (313) 484-0804

Phone: (313) 725-4113

www.saejongcamp.org