



To be completed by the parent/guardian.

**Child's Medical History:**

Please note any chronic illness, mental/emotional health concerns, chicken pox, fractures, menstrual issues, etc.

Any serious allergies? \_\_\_\_\_

Any/all medications taken regularly: \_\_\_\_\_

We request that you bring extra prescription bottle/container for each medication. You can request these from your pharmacist. Each bottle must have the prescription and dispensing information affixed. The additional containers are necessary for overnights and off-camp trips. The state requires that all medications be administered from the original package. Please only send essential medications to camp AND **make sure none of your child's medications will expire prior to the end of your child's camp session.**

Full physical exam must be within one year of arrival at camp. It may be on this form, or a **physician's report may be attached.** In accordance with STATE LAW and A.C.A. standards, the signature of the physician and the parents, and insurance and medical information (including immunizations) must be complete before a camper can be admitted into camp.

PRE-CAMP PHYSICAL EXAMINATION BY PHYSICIAN

Camper's Name: \_\_\_\_\_

Pertinent Medical/Psychological History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Menarche (girls): Yes No

Medications to be administered at camp (include dose and interval):

Immunizations (include date series completed or attach record)

DTP/DTaP \_\_\_\_\_ MMR \_\_\_\_\_ Booster \_\_\_\_\_

OPV/IPV \_\_\_\_\_ Varicella vaccine or disease \_\_\_\_\_ Booster \_\_\_\_\_

TdB/Tdap \_\_\_\_\_

Hepatitis A \_\_\_\_\_ Hepatitis B (if born after 1/1/92) \_\_\_\_\_

Meningoccal \_\_\_\_\_ TB Risk Assess \_\_\_\_\_

Most Recent Physical Exam Date: \_\_\_\_\_

HEENT: \_\_\_\_\_ Genitalia: \_\_\_\_\_ Abdomen: \_\_\_\_\_

Chest/Heart: \_\_\_\_\_ Extremities: \_\_\_\_\_ Neuro: \_\_\_\_\_ Skin: \_\_\_\_\_

*This patient is now fully immunized as dated above (or attached) and may participate in any and all physical and athletic activities without restriction.*

Signature \_\_\_\_\_ MD Date signed: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_