

Southern District Camp Physical Form

All camp attendees must complete a physical form in order to attend camp. Online camp registrations will not be considered finalized until a physical form and payment have been received.

NOTE: This page (page 1) MUST be completed by all students attending camp.

A current physical form (within 18 months) can replace the back side of this physical form.

Campers Name _____ Age _____ Grade _____ Birth date _____

Parents' Name _____ Church _____

Phones: home _____ work _____ cell _____

Parents' Address _____ City _____ State _____ Zip _____

Insurance Carrier _____ Policy# _____ Group# _____

To be completed by patient:

1. Health History

Has child experienced any of the following?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart trouble |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney trouble |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Severe headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Cerebral palsy |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Serious illness or accident |

Explain those checked: _____

Immunizations:

Type	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date of last tetanus shot: _____

2. Medications

Please list any medications your child takes:

Is this child taking any medication on a regular basis?
If yes...

- yes no
 every day only as needed

Medication _____

Medication _____

Dosage _____ when taken _____

Dosage _____ when taken _____

Who shall administer medications?

- Camper will surrender meds to nurse for administration, or
 Camper will assume responsibility for possession and taking of meds

NOTE: All Jr. Campers must surrender medications to the camp nurse upon arrival at camp

I give the camp staff permission to administer over-the counter medications available to my child as needed
(ie. Tylenol, Ibuprofen, Caladryl, Benadryl, Maalox, etc.)

- Yes
 No

3. Allergies:

List his/her known allergies:

Physicians Medical Release

All campers must provide a current physical signed by a physician, physician assistant or nurse practitioner. The following form should be completed if a current physical is not available (within the last 18 months).

To be completed healthcare professional:

Height _____ Weight _____ BP _____ HR _____

Systems Review:

If system is WNL check box or explain any abnormal finding

- EENT _____
- Respiratory _____
- Cardio-vascular _____
- Genitourinary _____
- Musculo-Skeletal _____
- Central Nervous _____
- Endocrine _____

List any other information that is pertinent to this child:

I have examined this child and find him/her to be sufficiently healthy for camp.

Check one:

- Physician
- Physician Assistant
- Nurse Practitioner

Signature _____

Printed name _____

Phone # _____ Date _____

Are you the child's regular healthcare provider? Yes No