

Camp Turk 2024 Health Form

Physical MUST be within 1 year prior to intended arrival date

Camper Name: _____ **Camper Birthdate:** ____/____/____

Physical exam date: ____/____/____ Weight: ____ lbs. Height: ____ ft ____ in Blood pressure: ____ / ____	Allergies: _____ No Known Allergies ___ To foods (please list) _____ ___ To medications (please list) _____ ___ To the environment (insect stings, hay fever, etc. (please list) _____ ___ Other Allergies (please list) _____ Describe any previous reactions: _____ _____
Diet / Nutrition: ___ Eats regular diet ___ Has a medically prescribed meal plan or dietary restrictions (describe here) _____ _____	

The camper is undergoing treatment at this time for the following conditions: _____

Other treatments/therapies to be continued at camp: _____

Do you feel that the camper will require limitations or restrictions to any activity while at camp: _____

Standard Over-the-Counter / PRN Medications

The following medications are available in the infirmary and will be administered at the discretion of the medical staff, ONLY if the camper's health care provider indicates approval. If no specific dosage is listed, usual dosing guidelines on the over the counter packaging will be followed.

Medication	Administer Order	Medication	Administer Order
Acetaminophen (ex. Tylenol)	YES NO	Ibuprofen (ex. Advil, Motrin)	YES NO
Aloe or generic burn spray	YES NO	Lice Shampoo (Nix, Rid)	YES NO
Antacids (ex. Tums, Rolaids)	YES NO	Mediquick Spray	YES NO
Calamine Lotion	YES NO	Miralax	YES NO
Dextromethorphan (Ex. Cough syrup)	YES NO	Musinx (Tablets or Children's liquid)	YES NO
Diphenhydramine (ex. Benadryl)	YES NO	Pepto-Bismol	YES NO
Eye Wash Saline	YES NO	Phenylephrine (ex. Sudafed PE)	YES NO
Generic Cough Drops	YES NO	Swimmers Ear Drops	YES NO
Hydrocortisone 1% cream	YES NO	Topical antibiotic	YES NO

Prescription Medications

Please complete with camper's current regimen of scheduled medications, including inhalers. Attach additional page if needed. Prescription meds will only be administered as per the prescription label instructions.

Medication	Route	Dose	Time(s)	Diagnosis

All medications sent to camp MUST be in their ORIGINAL CONTAINERS. Medications in pill boxes or other containers WILL NOT be accepted.

I have reviewed the CAMPER HEALTH FORM, and 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).

Name of licensed provider (please print): _____ **License No.:** _____
Office Address: _____ **Phone #:** _____
Signature: _____ **Date:** _____

Stamp Imprint: