



SUMMER ENRICHMENT CAMP

P. O. Box 20964, Greensboro NC 27420
(336) 274-1507 or 1-800-733-8297
Fax: (336)275-7984

CAMP HEALTH FORM

Note: This form must be completed and signed by a physician prior to admission to camp. Campers must have a physical examination within 6 months prior to the camp session. Attach a copy of latest progress notes and immunization record.

NAME: _____ DOB: ____/____/____ Age _____ Sex _____ DATE: ____/____/____

Mailing Address: _____
Street City State Zip

Legal Parent (s)/Guardian: _____ Phone #: _____

Height _____ Weight _____ Blood Pressure _____

Hemoglobin Type: SS SC S/Thal Other _____ Baseline Hemoglobin: _____

Other Health Diagnosis: _____

Significant Findings on Physical Exam:

Past Medical History:

General Appearance: _____

Recent Crisis: Yes No Date: _____ Type: _____

Drug and other Allergies (drugs, food, insect stings, other):

Medical action plan specific to disease or allergy:

Has the camper tested positive for MRSA or VRE? Yes No Date cleared: _____

Menstrual Period: Yes No NA (note special problems) _____

PHSSCA Summer Enrichment Camp Health Form

CAMPER NAME: _____

Is the child cognitively appropriate for his/her age? ____ Yes ____ No If no, explain approximate level of functioning:

Describe any additional current medical problems or relevant psychosocial information including any behavior problems that might affect the child's participation in a group and overnight camp setting:

Does child require special medical treatment or other special assistance during camp experience? (oxygen, assistive devices)

Explain: _____

Please list all medications to be administered during camp:

Name of Drug	Dosage	Frequency

Physician Statement: I have examined _____ and find him/her physically able to attend camp. I understand the above medical regimen indicated will be followed while he/she is at camp.

Comments or special instructions:

Physician's Name (Type or Print) _____ Date _____

Name of Practice or Hospital Affiliation: _____

Physician's Signature _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____