**Camp Turk 2025 Health Form**

**Physical MUST be within 1 year prior to intended arrival date**

**Stamp Imprint:**

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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.**

**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** | Musinex (Tablets or Children’s liquid) |  **YES NO** |
| Diphenhydramine (ex. Benadryl) |  **YES NO** | Pepto-Bismol |  **YES NO** |
| Eye Wash Saline |  **YES NO** | Swimmers Ear Drops |  **YES NO** |
| Generic Cough Drops  |  **YES NO** | Topical antibiotic |  **YES NO** |
| Hydrocortisone 1% cream |  **YES NO** | Zyrtec |  **YES NO**  |

**Camper Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Camper Birthdate:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_**

**Physical exam date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Weight:\_\_\_\_\_ lbs. Height:\_\_\_\_\_ft\_\_\_\_\_in

Blood pressure:\_\_\_\_\_ /\_\_\_\_\_

**Diet / Nutrition:**

\_\_\_ Eats regular diet

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other treatments/therapies to be continued at camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The camper is undergoing treatment at this time for the following conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**