

Camp Ho Mita Koda 2010 PHYSICIAN FORM

Form #1

This form is required for all campers, new and returning. It must be completed in its entirety and signed by a licensed physician.

This form may be completed and signed up to 6 months prior to your child arriving at camp. Please bring this form with you to check-in on the first day of your child's camp session; do not mail it to camp. **Campers will not be permitted to remain at camp without this completed and signed form.** Forms cannot be completed at camp or during the check-in process.

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|---|-------------------------------------|---|----------------------------------|
| Camper Name _____ | | | |
| FIRST | MIDDLE | LAST | |
| Camper is registered for Session _____ | Age on arrival at Camp _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date ____/____/____ |

Physical exam done today: Yes No (if 'No', date of last physical ____/____/____)
ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs **Height:** _____ ft. _____ in **Blood Pressure** _____/_____/_____

Allergies:
 No Known Allergies To foods: **(list)** To medications: **(list)**
 To the environment: (insect stings, have fever, etc.- **list**) Other allergies: **(list)**

Describe previous reactions:

Diet, Nutrition: Eats a regular diet Has a medically prescribed meal plan or dietary restrictions: (describe)

The camper is undergoing treatment at this time for the following conditions other than diabetes: (describe below) None

Medication No daily medications except insulin Will take the following prescribed medication(s) while at camp (name, dose, frequency- describe below)

Other treatment/therapies to be continued at Camp (describe below) None needed

The following non-prescription medications are commonly stocked in the Camp Ho Mita Koda dispensary to manage illness and injury. **Medical personnel: Please cross out those items the camper should not be given.** Acetaminophen (Tylenol), Ibuprofen (Advil, Motrin), Pseudophedrine (Sudafed), Guaifenesin, Dextromethorphan, Diphenhydramine (Benadryl), Generic cough drops, Calamine lotion, Laxatives for constipation (kaopectate), Hydrocortisone 1% cream, Topical antibiotic cream, Aloe, Maalox for mild indigestion, Loperamide for diarrhea, Bromphenimine and pseudophedrine (Dimetapp Exlixer) for cold and allergy symptoms.

Is there anything in this child's health history that we should be aware of?

I have examined the above-named camp applicant, reviewed the camper's medical history, and have discussed the camp program with the camper's parent(s)/guardian(s). I am aware that Camp Ho Mita Koda is a camp for children ages 6-15 with Type 1 diabetes with the following guidelines for camper enrollment:

- Child must be able to independently perform basic skills such as feeding, dressing, bathing, and toileting.
- Child must be able to independently navigate uneven terrain to access program areas over a 72 acre campus.
- Child must be able to communicate personal needs, follow basic directions, participate in a group setting, and live in a group setting (cabin) with other children and staff.
- Child must be free from communicable diseases, have a signed Camp HMK medical form from their physician and provide a completed medical history form and documentation of immunization.

It is my opinion that the camper **IS / IS NOT** physically and emotionally fit to participate in an active camp program (except as noted on this form or attached document).

Physician full name _____ **Signature** _____ **Date** ____/____/____
Office Address: _____ **Telephone:** () _____