DYS CAMP HEALTH HISTORY & PHYSCIAL FORM

★★★ Parent or guardian completes pg. 1 of this form.

★★★ Camper's primary care physician reviews and initials pg. 1 and completes pg. 2.

Camper Name: ____ **Age:** ________

Check all allergies and health conditions that apply to your camper:

- ❑ Hay fever
- ❑ Ivy poisoning
- ❑ Insect stings
- ❑ Medications
- ❑ Celiac Disease
- ❑ Other (specify): ____________________
- ❑ Ear infections
- ❑ Heart disease
- ❑ Rheumatic fever
- ❑ Seizures
- ❑ Behavioral
- ❑ Asthma

IN CASE OF EMERGENCY

Parent cell: (___) _____-______

Alt. phone: (___) _____-______

Alt. contact: _________________

If you have checked any of these conditions, please explain in the space provided below:

____

____

____

Provider initials _____

MEDICATIONS

Which medications does your camper take on a regular basis (other than insulin):

Medication	Dose	Time(s)	Give at Camp? (yes or no)

Provider initials _____

☐ **I understand that, for the health and safety of my child, Diabetes Youth Services may share this health information with other health care professionals including nurses and counselors at DYS Camps.**

☐ **Release of confidential health information to any other health care providers or persons not listed on this form will occur only with my express permission on behalf of my minor child.**

This health history is complete and accurate. I know of no reason(s), other than as indicated on this form, why my child should not participate in camp activities.

____ ___________________

Signature of Parent or Guardian **Date**

DYS CAMP HEALTH HISTORY & PHYSCIAL FORM

★★★ Parent or guardian completes pg. 1 of this form.

★★★ Camper's primary care physician reviews and initials pg. 1 and completes pg. 2.

Camper Name: ____ **Age:** ________

To be completed by a licensed health care provider who is familiar with your child's health care prior to camp to certify that the camper is able to participate fully in camp activities.

PHYSICAL EXAMINATION

Height		Weight	
Blood pressure		Pupils	
Eyes		Ears	
Nose		Glasses	
Throat		Heart	
Skin		Lungs	
Posture/Spine		Hernia	
Hx/Rx STD		Musculoskeletal	

RECOMMENDATIONS AND RESTRICTIONS

Dietary restrictions (including food allergies & Celiac Diease):___________________________________

Swimming and diving: ____

Strenuous activity: ____

Other: ____

List specific activities to be encouraged or restricted: ____

____

What physical or emotional issues might create a problem for this child at camp? ___________________

____

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

____

☐ **I have examined the person herein described and have reviewed his/her health history. It is my opinion that this person is physically able to engage in all camp activities except as noted above.**

____

Printed Name of Health Care Professional

____

Signature of Health Care Professional **Date**

____

Address **Phone Number**