CAMP COURAGEOUS - Health History/Physical Form

PO Box 418, Monticello IA 52310-0418 • Ph. 319-465-5916 • FAX 319-465-5919

Encouraged every year by a licensed physician and submitted prior to camper arrival.

Scheduled Date:

CAMPER INFO

Please include camper's most recent medical history and information: *10.865*

First Name:	Last Name:	Birthdate	Current Age:	Gender: ☐ Male ☐ Female

THIS CAMPER MUST HAVE AN EXAM WITHIN 12 MONTHS BEFORE COMING TO CAMP.
(Last exam date is unknown.)

Primary Diagnosis: ☐ Cerebral Palsy ☐ Down ☐ ADHD ☐ Intellectual Disability ☐ Muscular Dystrophy ☐ Autism ☐ Other: _____

IMMUNIZATIONS

Polio:		DTP (Diptheria, Pertussis, Tetanus):	
HBV:	☐ HEP-B Positive	MMR (Mumps, Measles, Rubella):	

☐ Free from communicable diseases, boils, or infected wounds? If no, then please explain:

ALLERGIES

☐ Carries Epi-Pen ☐ Drugs ☐ Bee Stings ☐ Other: ☐ Latex

Be sure to note any FOOD allergies in the Meal Time

Specify allergy agent & reaction:

HEALTH CONCERNS

Please indicate if this camper requires special care with the following:

☐ Psychological Conditions ☐ Ear Plugs Required ☐ Trach ☐ Colostomy ☐ Urostomy ☐ Catheter

Tubes in ears: ☐ Right ☐ Left

Surgical Procedures & Medical Treatments	Heart Condition:
Activity Limitations:	Susceptibility to colds/resp. infections:
	Urinary Routines:
Skin Conditions:	Sleep Habits:
Bowel Regimen: ☐ Please monitor BMs while attending camp.	

SEIZURES

☐ **Seizure Disorder**

This camper has the following type of seizure(s), if applicable: ☐ **Partial** ☐ **Partial Complex/Tonic Clonic**

Seizure Frequency:	Related Activity:
Last Seizure:	Activity Described:

Occurrence: ☐ **Day** ☐ **Night**

Seizure Guidelines: I relieve Camp Courageous of responsibility and request that the following guidelines be followed:

☐ **1.** Siderails used when in bed. ☐ **2.** Mattress on floor to prevent ☐ **3.** No pillow allowed to prevent ☐ **4.** 1:1 supervision in bathroom and shower ☐ **5.** Life jacket worn while swimming. ☐ **6.** Camper seated in the center of ☐ **7.** Helmet required.

Signature: _____

A camper must be medically stable as determined by the camp's medical team. The camper must not be a safety risk to self or others in order to be accepted.

Last Vision Exam: _____

☐ Glasses ☐ Contact

Hearing Aids: ☐ L ☐ R

Vitals:	T:	R:
	P:	BP
Lab Work: recommended but not required	UA	HGB
	HCT:	CBC:

Review of Systems:

Last Tetanus: _____

Respiratory:	Gastrointestinal:
Ear/Nose/Throat:	Bones/Musc.:
Heart/Circ.:	Reproductive:
Kidney/Urinary:	Endocrine:
Nervous System:	Skin:

I have examined this person herein described and have reviewed his/her health history. It is my opinion that he/she is medically stable and able to participate in all camp activities, except those designated above.

Physician Signature: _____ **Date:** _____

Physician Name: _____ **Phone:** _____
(please print)

Physician's Address: _____

• LIST ALL MEDICATIONS CAMPER WILL BE TAKING AT CAMP ON BACK SIDE OF THIS FORM •

Camp Courageous - Medications that ________ will be Taking At Camp

Include prescription, non-prescription, special topical treatments, and any other meds.

Pre-packaged medications must be labeled with the camper's name, the name of the medication, dosage, frequency, and the time to be administered.

Please send only the designated amount of medication to cover their camp duration, PLUS ONE EXTRA DOSE.

Common medical terms and times:					Standard Med. Times	Odd Med. Times:	
	BID=Twice daily	PRN=As needed	15ML=1 Tablespoon	RT=Right	08=Breakfast (8AM)	07=7AM	18=6PM
	TID=Three times daily	GTT=Drop	5ML=1Teaspoon	LT=Left	12=Lunchtime (12PM)	13=1PM	19=7PM
	QID-Four times daily	OU=Each eye	SUPP=Suppository		17=Supper (5PM)	14=2PM	21=9PM
			BS=Blood sugar		HS=Bedtime	15=3PM	22=10P

Notify Nursing Services of medication changes TWO WEEKS PRIOR to the camper's arrival to expedite the check-in

MEDICATION	DOSAGE (# OF TABS/CAPS)	FREQUENCY (see table below)	TIME (see table below)
Example: Dilantin (Chewable)	*50 mg 1 tab*	*four times a day*	*08, 12, 17, HS*
Example: Tegretol	*200 mg 1/2 tab*	*twice daily*	*08, 17*

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Visit Camp Courageous on the web at
www.campcourageous.org

ACCREDITED