

Health History and Care Recommendations by Licensed Medical Personnel

To be completed by licensed medical personnel.

Camper's Name

Birth Date

Gender:

Male

Female

Physical exam done today? Yes No If no, date of last physical

A copy of the child's current immunization record on OFFICIAL Colorado Department of Public Health & Environment (CDPHE) form is attached.

Yes No

Allergies No known allergies.

This camper is allergic to: Food Medicine Environment (insect stings, hay fever) Other

Explain

Diet Nutrition: This camper eats a Regular Diet Vegetarian diet Lactose intolerant Gluten intolerant

Explain

Restrictions: Do you feel that the camper will require limitations or restrictions to activity while at camp?

Yes No If yes, please describe restrictions.

Medication this camper

Will not take any daily medications while attending camp.

Will take the following medication(s) while at camp.

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. All medication is required to be in the original pharmacy container(s) with labels which show the camper's name and instructions on how it should be given; medications must be **current/non-expired**. Please provide enough of each medication to last the entire time the camper will be at camp.

Name of medication	Date started	Reason for taking	When it is given			Amount or dose given	How is it given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	Other: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	Other: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	Other: _____		

Date: _____

Signature of Medical Personnel _____ Title _____

Printed Name _____ Phone _____

Address _____ City _____ State _____ Zip _____