

# 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 must be attached.**

**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
			Breakfast Lunch	Dinner Bedtime	Other: _____		
			Breakfast Lunch	Dinner Bedtime	Other: _____		
			Breakfast Lunch	Dinner Bedtime	Other: _____		

Date: \_\_\_\_\_

Signature of Medical Personnel \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_