

3. Does the camper have **allergies** (if yes, what might happen if exposed)?

Insect bites _____ Animals _____ Foods _____

Hay fever/seasonal _____ Medication _____ Other _____

Treatment Needed: _____

4. **Circle** the type of diet and explain special needs of the camper and preferences or dislikes. Also, discuss any feeding

tubes, etc: Regular / Reg, meat cut into small pieces / Reg, food must be soft / Wt reduction/Low Chol/NAS / Chopped / Pureed / ADA

5. Does the camper have a history of **constipation**? _____ (List meds on scheduled and/or prn med list.)

Are BMs recorded? _____ Describe toileting routine _____

Does the camper have a history of **loose stools** or **other bowel** concerns? ____ Describe: _____

Does the camper have any **bladder** concerns? ____ Please describe: _____

6. Any other information that would be helpful to camp staff: _____

Scheduled Medications: Please list all medications to be given at camp, prescription and over the counter.

How does the camper take **PO meds** (whole with liquid, crushed in applesauce, **etc.**)? _____

PR meds (insert in bed/standing, toilet after 20 minutes/do not toilet?, expect results within 1 hr/overnight, **etc.**)? _____

ANY other information helpful for medication administration (if this happens, do this; special instructions)? _____

Medication (e.g. Depakote Sprinkles)	Strength (e.g. 125 mg)	Qty (e.g. 4 caps)	Route (e.g. po)	Frequency QD, BID, QOD, etc TIMES:	CHECK / ENTER APPROPRIATE TIMES					Purpose/Comments (e.g. to control seizures)
					7A 9A	11A 1P	2p 4P	5P 6P	7P 9P	

As Needed (PRN) Meds at Camp (include medication, dose, route, frequency and time; include bowel and seizure protocol meds)

Routine and PRN Treatments (lotions, creams, drops, etc.), prescription and over the counter, that the camper will need while at camp (include medication, dose, route, frequency, time and special directions):

Insurance Information

Medical Insurance – please attach a copy of the insurance card(s) with front and back views.

Is camper covered by medical/hospital insurance? No Yes (If yes, fill out information below)

Insurance Company _____ Policy Number _____

Address _____ City _____ State _____ Zip _____

Phone _____ Name of Policy Holder _____ Relationship _____

Prescription Insurance – please attach a copy of the insurance card(s) with front and back views.

Is camper covered by prescription insurance? No Yes (If yes, fill out information below)

Insurance Company _____ Policy Number _____

Address _____ City _____ State _____ Zip _____

Phone _____ Name of Policy Holder _____ Relationship _____

Medical Information

Pharmacy Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Physician Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Medical/Physical Examination

(This part **must be completed by a licensed medical professional**. The exam must be within 12 months of attendance at camp. Exams for other purposes are acceptable as long as it is within the 12 mo. time frame.)

This examination is for the diagnosis of:											
and the additional diagnoses of:											
Ht:		Wt:		Pulse:		BP:					
Normal		Abnormalities (list):		Normal		Abnormalities (list):		Normal		Abnormalities (list):	
Eyes			Glands			Gait					
Ears			Heart			Orthopedic					
Mouth			Lungs			Nervous System					
Nutrition			Abdomen			Reflex					
Throat			Breasts			Extremities					
Dental			Testes			Skin					
Speech			Rectal			Other:					
Allergies (list):								Diet:			

Hepatitis B Carrier: Yes / No Hepatitis C Carrier: Yes / No Ring Worm: Yes / No Athletes Foot: Yes / No

Is the camper free from other communicable diseases: Yes / No (explain) _____

RECOMMENDATIONS/RESTRICTIONS WHILE AT CAMP: _____

Please check meds that may be given to camper. Meds may be generic, will be given per label & under RN oversight.

Tylenol		Sudafed		Imodium		Milk of Magnesia		Hydrocortisone Cr
Motrin		Actifed		Pepto-Bismol				Caladryl Lotion
Aspirin		Benadryl		Robitussin DM		Neosporin		Betadine

I have examined _____ and completed or reviewed this health history. It is my opinion that he/she is physically able to participate in activity at Camp Winnebago, except as noted above.

Examiner's Signature	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <i>Examiner's Stamp</i> </div>	Examiner's Address
Printed Name of Examiner (or stamp)		City, State, Zip
Date		Phone Number