

**CAMPER HEALTH-CARE RECOMMENDATIONS
By LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School
Health,
& Association of Camp Nurses

Fax to UCCR Office at:
707/762-3164 by 6/11/08
Attn: Kathryn Gross

To Parent(s) Guardian(s): Complete this section and give **this form (FORM 2)** and **a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1)** to your child's health-care provider for review.

Dates will attend camp from _____ to _____
Camper Name _____
 Male Female Birth Date _____
Age on arrival at Camp _____
Camper home address _____

City _____ State _____ Zip Code _____
Custodial parent(s)/guardian(s) phone number _____
Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)

Weight: _____ lbs. Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known allergies

To Foods (list)

To medications: (list)

To the environment (insect stings, hay fever, etc.-list):

Other Allergies (list):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (describe below)

The Camper is undergoing treatment at this time for the following conditions: (describe below) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (name, dose, frequency- describe below)

Other treatments/therapies to be continued at camp: (describe below) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above what do you recommend? (describe below-attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s)/ It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): _____ Signature: _____ Title _____

Office Address _____

Street

Telephone: _____

City

State

Zip Code

Date: _____