Camper Health History & Physical Exam Form

Please fill in all requested information below, and include a copy of your child's most recent Physical, completed *after* June 30th, 2022. Incomplete forms will not be accepted and returned if necessary. Remit forms via email to campbreakaway@pyramidlife.org, **no later than June 10, 2023.**

Camper Name: _____ **Date of Birth:** _____

Physical Examination: *To be filled out by a licensed healthcare provider. New York State law requires a signed/dated physical exam within the last 12 months and dates of most current boosters.*

Immunization History: Must be completed with dates. Please record the date (month and year) of basic immunizations and most recent booster doses.

_____ DPT or DP _____ Tuberculosis _____ Other Tetanus _____Hepatitis Vaccination

_____ MMR _____ Polio Vaccine _____ Flu Vaccine _____ Chicken Pox Vaccine

General Condition Or Appraisal

Height:	**Weight:**	**Skin**: _____ Scabies _____ Athlete's Foot _____ Impetigo _____ Infection _____ Pediculosis
Blood Pressure:	**Heart:**	
Nose, throat, ears:	**Posture & Spine:**	
Feet:	**Lungs:**	
Heart:	**Teeth:**	
Urine:	**Menstruation:**	**Abdomen:**
Eyes: Discharge _____ Glasses _____	**Allergies:** Food _____ Drug _____ Other _____	**Nutrition/Dietary Restrictions:**
Current conditions and/or any (pre-existing medical, physical or psychological conditions):		

Current Medications:

Drug	Route	Dosage	Schedule/Information	Comments

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Standard over the counter/PRN medications: (The following are available from Staff Nurse(s) and will be administered at the discretion of an RN, ***unless otherwise indicated below by participant's health care provider TO NOT DISPENSE). Provider should indicate by initializing for each below.***

Drug Name	Route	Dosage	Schedule/Information	Healthcare Provider Initials	Comments
Sunburn Spray/Lotion/Aloe-Gel	Topical	To affected site	2-3 times daily (pm)		
Acetaminophen (Tylenol)	PO (chewable tabs, elixir, tabs)	Per label instructions by age/weight	Q 4 hr prn for pain or fever > _____ F		
Ibuprofen (Motrin)	PO (chewable tabs, elixir, tabs)	Per label instructions by age/weight	Q 6 hr prn for pain or fever > _____ F		
Diphenhydramine Hydrochloride (Benadryl)	PO (chewable tabs, elixir, tabs)	Per label instructions by age/weight	Q 6 hr prn for allergic reaction (hives, insect bite)		
Hydrocortisone Cream	Topical	Per label instructions by age/weight	prn		
Bismuth Subsalicylate (Pepto-Bismol)	PO (liquid or chewable tablets)	Per label instructions by age/weight	Q 30 min to 1 hr prn for diarrhea (no>8doses/24hr)		
Loperamide HCl (Imodium)	Tab or liquid	Per label instructions by age/weight (max of 8mg/24hr)	Per episode/max of 8mg/24hr		
Tums	Chewable Tab	Per label instructions by age/weight	No>10tabs/24hr		
Throat Lozenges	Tab	1 lozenge	No>2/24hr		
Epi Pin	Injectable	.3mg/child<10yrs Adult Size>10yrs	As needed for anaphylaxis		

I believe this child is able to attend camp and participate in all camp activities with the following restrictions and recommendations (attach specific instructions or medications, treatments, and diet):

Health Care Provider's Name (Print): _____ License #: _____

Health Care Provider's Signature: _____ Date: _____

Address: _____ Phone: _____

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