

## CAMPER PHYSICAL FORM

All overnight summer campers must have a physical form on file that is dated within 12 months\* of their camp session date. It must be signed by a physician and submitted at least 2 weeks prior to the session start date. It does not need to be mailed with the application, but must be received 2 weeks prior to the session start date, or the camper will be removed from the session

**CAMPER NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

1. Applicant must be diagnosed with a physical, developmental or cognitive disability or mental illness
2. Applicant must be capable of social interaction and participation in camp activities.
3. Applicant must be able to communicate needs through at least a yes or no response (e.g. eye blinks, headshake, use of communication board, etc.).

**PRIMARY DIAGNOSIS/DISABILITY:** \_\_\_\_\_

**SECONDARY DIAGNOSIS:** \_\_\_\_\_

**MEDICAL HISTORY:** Does the camper frequently suffer from any of the following?

- Asthma/Respiratory problems (check all applicable)  
 Diabetes Type: \_\_\_\_\_  Headaches  Sore Throat  Ear Infections  
 Heart Defect  Apnea  
 Kidney Disorder  Other  
 Seizures  
 Down Syndrome: Atlanto Axial Instability?  Yes  No

Does the camper have known communicable diseases?

- Measles  HIV Positive  
 Chicken Pox  
 Hepatitis  A  B  C

Immunizations (check all that have been issued and Provide immunization dates):

- Diphtheria \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Pertussis \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Measles \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Polio \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Small Pox \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Rubella \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of last Tetanus shot (must be within 10 years):  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Other: \_\_\_\_\_  
Allergies and Reaction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Epi Pen?  Yes  No

Does the individual have diabetes diagnosis?  Yes  No

If yes, explain needs: \_\_\_\_\_  
\_\_\_\_\_

### CURRENT

**HEALTH:** Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse Ox: \_\_\_\_\_

**OVERALL HEALTH CONDITION:** \_\_\_\_\_

Other information for health care staff, including treatments  
To be continued at camp, activity restrictions, medically  
Prescribed meal plan, or dietary restrictions while at camp

I have reviewed the camper's health history and discussed the camp program with the camper and/or parent/guardian. It is my opinion that the applicant is physically and emotionally fit to participate in the session at Camp Fish Tales (except as noted above)

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Office Name & Phone #

## MEDICATION RECORD

**NOTE:** Completed forms can be emailed to [director@campfishtales.org](mailto:director@campfishtales.org) or faxed to 989-879-5005

**Please list ALL medications. The back of this sheet may be used if needed.**

**NOTE:** Camp medications are distributed at 9am, 12 noon, 2-4pm, 5pm, and 9 pm. Any deviations must be indicated by a physician. Only medications and dosages listed on this form will be approved on camp registration day. Any medications not listed on this form will not be administered at camp without prior written approval of the physician. This includes ALL over the counter non-prescription and prescription medications. Medications must be brought in their original bottles. If you choose to bring them set up in a med container, pill bottles must still be brought to verify prescription. It is likely that the camper's medications will change between the time of registration and the camp session. It is the family's or guardian's responsibility to update the camper's medications prior to the camp session by logging back in to the registration system or contacting the camp director.

Name of Medication	Dosage	Prescription, as listed on bottle**	Time(s) given
e.g. Depakote	250mg	3 tabs by mouth twice daily	9am and 9pm

**\*\*Please be sure to obtain written approval for any deviations of prescriptions written on bottle prior to camp registration.**

## Health Care Authorization

Camper's Name: \_\_\_\_\_

The medical facilities listed below are utilized by CFT. Please check the facility that is preferred in the event of an emergency or need for additional medical treatment.

### FACILITY:

- Mid-Michigan Health
- McLaren Bay Region
- Saginaw Covenant
- St. Mary's of Michigan Standish Hospital
- Other hospital \_\_\_\_\_
- No preference

I hereby give permission to Camp Fish Tales which is licensed by the State of Michigan, to provide routine, nonsurgical medical care; administer medications; order x-rays and/or routine tests; release any records necessary for insurance purposes; provide or arrange necessary related transportation; and to secure emergency medical and surgical treatment. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp Fish Tales management to secure and administer the treatment, including hospitalization for the camper listed above, while attending Camp Fish Tales.

**NOTE 1:** In accordance with MCLA Act 116 of the Public Acts of 1973, as amended, and the rules for licensing camps, this authorization must be signed by the parent or guardian of a minor camper, unless there is a religious objection.

**NOTE 2:** In accordance with MCLA Act 116 of the Public Acts of 1973, as amended, and the rules for licensing camps, this authorization must be signed by the authorized person of an adult camper, unless there is a religious objection.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Relationship to camper:  Self  Guardian/Parent