

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 #

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