| Recommendations for Licensed Medical Personnel FORM 2 Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses american Association® Mail this form to the address below by (date) | Camper Nan Male Camper hom City Custodial pa | tend camp: from to Month/Day/Year Month/Day/Year ne: First M Female Birth Date Month/Day/Year ne address: | 1) to your child's health-care provider for review. T Iliddle Last Age on arrival at camp Late Zip Code | Camper Name | |
|--|--|---|---|------------------------------------|--|
| CONVENIENT PHYSICALS AVAILABLE AT: healthcare clinic at select Walgreens Proud Partner of American Camp Association | | 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:) | | Middle | |
| The following non-prescription medications are commonly stocked in camp . Health Centers and are used on an <u>as needed basis</u> to manage illness and | | ACA accreditation standards specify physical of Weight: lbs Height:ft_ | Month/Day/Year exam within the last 12 months. | | |
| Injury. Medical personnel: Cross out those items the camper should not be given. Acetaminophen (Tylenol) | | | | Last (For Camp Use) Cabin or Group | |
| 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? \[\text{No } \] 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): | | | | | |
| "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: | (s): _ | |
| Office AddressStreet | | City | State Zip Code | | |
| Telephone: () | | Date: | | | |
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