

Camper's Name _____ Date of Birth _____

Recent intercurrent illnesses/surgeries:

Describe any physical disability and/or physical limitations:

*Describe any information that might be of use in helping your child to have an excellent camp experience.
Please list any fears, problems, strengths, etc. that might be important.*

	<i>Name of Drug</i>	<i>Frequency</i>	<i>How Given?</i>
1			
2			
3			
4			
5			
6			

Camper Name: _____ DOB: _____

Date: ____/____/____

PHYSICAL EXAMINATION: Describe if Abnormal

Ht (cm)	BP	Pulse
Wt (kg)	Temp	

	Normal	Abnormal
General appr		
Skin		
Eyes		
Ears/Nose		
Mouth/Teeth		
Thyroid		
Lymph Nodes		
Heart		
Lungs		
Abd		
Liver		
Spleen		
Musc/Skel		
Neuro		
GU:		
Other:		

PHYSICAL LIMITATIONS AND RESTRICTIONS

PLEASE BE AS SPECIFIC AS POSSIBLE

Walking:

Jumping:

Climbing:

Swimming:

DOCTOR'S STATEMENT

I have examined _____ who is physically able to engage in camp activities, except for physical limitations and restrictions listed.

Physician or PNP's Signature

Typed or Printed Name

Address: _____

Phone # _____

Forms should be uploaded to CampDoc or:
camprecruiter@campnoworries.org