



CAMP CARTWHEEL PHYSICAL

To the Physician: Your cooperation is needed in supplying the pertinent information about this applicant for attendance at Camp Cartwheel. We will have a Physician and several Registered Nurses on staff that will assist any camper with medical needs. All information is confidential and solely for the guidance of the camp's staff.

Child's Name: _____ Date: _____

All of Child's Medical Diagnosis: _____

Onset of Diagnosis: _____ Is Child in Active Treatment? YES NO

Current course of treatment: _____

Last course of treatment: _____ Date: _____

Date therapy discontinued: _____

Drugs administered: _____

Recent operations or Serious illness: _____

Describe any physical disability and/or physical limitations involving any camp activity (i.e., canoeing, climbing, running, swimming, jumping, etc...):

May this child be allowed to swim in the camp lake? YES NO

If NO, may this child be allowed to swim in the camp swimming pool (the pool is chemically treated)? YES NO

Convulsions/Seizures (type & frequency): _____

Allergies (including food, medications, environmental): _____

Impaired hearing: _____ Impaired Vision: _____

Neurological deficit/Muscular Problems: _____

Cardiac Abnormalities: _____

Blood Pressure: _____

PHYSICAL EXAM

HEENT N ABN _____ Skin N ABN _____

Chest N ABN _____ Extremities N ABN _____

ABD N ABN _____ Cardiac N ABN _____

Neuro N ABN _____

Immunizations: Up to date? YES NO If no, explain: _____

Recent contact with a contagious disease? YES NO If yes, please describe: _____

****Please note: Labs are only required for a critically ill child who is in active chemotherapy or immunotherapy****

Date	Recent Blood Count (within 4 weeks of Camp)	Date	Recent Blood Count (within 4 weeks of Camp)
H/H:		Platelets:	
WBC:		EOS:	
DIFF:		MONOS:	
SEGS:		Other Lab Abnormalities:	
BANDS:			



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Camper's Name: _____

DOB: _____

MEDICATIONS: (To be completed by parent/guardian and REVIEWED by physician)

If the child requires medication(s) at camp, please complete the following table. ALL medications (both prescription and over-the-counter meds) to be administered during Camp Cartwheel should be clearly labeled bottles with the child's name, drug name, dose amount, when it is to be taken, and put in a clear plastic Ziplock bag with your child's name on it. ALL medications will be turned in to and logged by our Medical Staff at the time of check-in on the first day of camp. Our Camp Medical staff will store and administer the medications as directed. **DO NOT SEND MEDICATIONS OF ANY KIND IN YOUR CHILD'S BACKPACK.**

Will the child need to take medication while at camp? YES NO If YES, please list below:

LIST OF MEDICATIONS NEEDED AT CAMP (TO BE COMPLETED BY PARENT(S) AND REVIEWED BY PHYSICIAN):

Name of Medication	Dose	Frequency (how often your child needs to take this medicine)	Time of dosing (Are they AM meds or PM meds, taken with food, etc...)

Child's preferred method for taking his/her medicine? _____

PHYSICIAN'S STATEMENT: I have examined the named child who is physically able to engage in camp activities, except for physical limitations and restrictions as noted on this physical. I hereby verify the information contained herein regarding all health matters, medications, and immunizations.

Physician's Name (PRINT): _____

Date: _____

Physician's Signature: _____

Hospital/Doctor Office Affiliation: _____

Office phone number: _____