



# Physician-Complete Health Form 2023

If your child has a health appraisal completed by a Health Care Provider within the last 12 months, that can be submitted in lieu of this form.

Camper Full Name: \_\_\_\_\_ Camper Home Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age (as of 6/19/2023) \_\_\_\_\_ Custodial Parent/Guardian Phone: \_\_\_\_\_

Physical completed today:  Yes  No (If "No," date of last physical: \_\_\_\_\_)  
Month/Day/Year

---

Weight: \_\_\_\_\_ lbs Height: \_\_\_\_\_ ft \_\_\_\_\_ in Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

---

Allergies:  No Known Allergies

To foods (*list*):

To medications (*list*):

To the environment (*insect stings, hay fever, etc.—list*):

Other allergies (*list*):

Describe previous reactions:

*Medical personnel: Highlight or cross out those items the camper should not be given.*

The following non-prescription medications are commonly stocked in our Health Center:

Diet, Nutrition:  Eats a regular diet.  Has a medically prescribed meal plan or dietary restrictions. (*describe below*)

The camper is undergoing treatment at this time for the following conditions: (*describe below*)  None

Medication:  No daily medications.  Will take the following prescribed medication(s) while at camp: (*name, dose, frequency—describe below*)

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?  No  Yes  
 If you answered "Yes" to the question above, what do you recommend? (*describe below—attach additional information if needed*)

I 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, outdoor camp program (except as noted above).

Name of licensed provider: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Office Address \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

*This completed form may be faxed to Camp Garrett at 610-356-5156.*