

Health Exam Record for Campers and Staff To Be Completed by Medical Practitioner

Name: _____

Date of birth: _____

Date of arrival and departure from camp: _____

1. May participate in all camp activities May participate except for:

2. Medical information pertinent to participation:

3. Indicate any allergies or special dietary needs:

4. This camper/staff member is up to date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and the National Advisory Committee on Immunization Practices: Measles, Mumps, Rubella, Chickenpox, Hepatitis B, Diphtheria, Pertussis, Polio, Tetanus.

4. Indicate date of last physical exam: _____

5. If the camper/staff member requires prescription medication, complete Part III, Prescription Medication Form.

Signature of Physician, APRN or PA

Date

Medical care provider name: _____

Address: _____

Telephone: _____

Self-Administration of Medicine

To Be Completed by Physician and Parent if Camper Will Be Bringing any Medicine or Medications to Camp

Note to parents and physicians: Pioneer Soccer School is not licensed to administer medicines, including prescription drugs, topical antibiotic ointments or over the counter remedies. If the camper will be bringing any medicines to camp with her, the following section must be completed by physician and parent.

Camper Name: _____

Date of birth: _____

Physician Section:

Authorization for the self-administration of medications:

Name of drug, dosage and method of administration:

Times of administration: _____

Relevant side effects to be observed if any occur:

Is this a controlled drug? _____ -

Signature of physician or dentist

Date

Name:

Address:

Telephone:

Parent section:

I hereby authorize my daughter to self-administer the above medication and to enter the self-administration in a medical log. I understand that the medication must be sent to camp in the original container, and that all over the counter medications must be in the original container, appropriately labeled with the camper's name.

Signature of parent or guardian

Date