

CAMPER HEALTH EXAM FORM

If your camper has special dietary or medical needs please contact us at 800-474-1912 or info@girlscoutcsa.org, BEFORE coming to camp.

To Parent(s)/Guardian(s): Complete this section and give this form and a copy of your completed CAMPER HEALTH HISTORY FORM to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (____) _____ (____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

Camper Name _____
 First _____ Middle _____ Last _____
 (For Camp Use) Cabin _____
 (For Camp Use) Session _____

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM and complete all remaining sections of this form. Attach additional information if needed.

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

Physical exam done today: Yes No
 (If "No," date of last physical: _____)
Month/Day/Year

GSCSA standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in
 Blood Pressure _____ / _____
 Pulse: _____

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:

The camper is undergoing treatment at this time for the following conditions. Please include both physical and mental health concerns: (describe below) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (Please write name of medications and **attach the Camper Medication Form**)

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
 Will the camper need additional emotional support while at camp? No Yes
 If you answered "Yes" to the either of the questions above, what do you recommend? (*describe below—attach additional information if needed*)

"I have reviewed the CAMPER HEALTH HISTORY FORM, 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: _____

Office Address: _____
Street City State Zip Code

Telephone: (____) _____ Date: _____