

# CAMPER MEDICAL FORM

*(To be completed and signed by **Specialist**)*

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Diagnosis.: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Other Diagnoses: \_\_\_\_\_

Mental Health Diagnoses (including any recent hospitalizations for mental health): \_\_\_\_\_

Has the Camper been diagnosed with Autism?  Yes  No

Allergies: \_\_\_\_\_

Please describe all **current medical problems**: \_\_\_\_\_

**\*\*\*\*A copy of the most recent Office/Clinic Visit Notes must also be sent to Camp Boggy Creek\*\*\*\***

## MEDICATIONS

Name:	Dose:	Route:	Frequency:
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Is the child's development appropriate for his/her age?  Yes  No

**If no, at what age does s/he function?** \_\_\_\_\_

Pertinent Mental Health Information, including behavior problems that would affect child's participation in a group:

Please specify any camp activity restrictions: \_\_\_\_\_

**Provider Statement:** I have examined this child and find him/her physically/mentally able to attend camp.

I understand that the above Treatment Plan will be followed at camp, unless other orders are received.

\_\_\_\_\_  
**Signature of Specialist**

\_\_\_\_\_  
**Print Specialist Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Treatment Center**

\_\_\_\_\_  
**Emergency number**

\_\_\_\_\_  
**Fax number**

\_\_\_\_\_  
**Specialist's email address**



(Camp Boggy Creek fax 352-306-0674)