

# 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:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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)



Camper's name: \_\_\_\_\_

## Camper with Gastrointestinal Illness

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

Has the camper been hospitalized because of GI issues in the past year? \_\_\_\_\_

If yes, how many times? \_\_\_\_\_

Does child have a colostomy?  Yes  No      If yes, is assistance required?  Yes  No

Has camper had any intravenous (IV) or oral steroid in the past year?  Yes  No

If yes how many times? \_\_\_\_\_ Medication/Dosage \_\_\_\_\_

Has camper had any Remicade Infusions in the past 6 months?     Yes  No

### Disease Activity:

Abdominal Pain: None \_\_\_\_\_ Mild/Brief \_\_\_\_\_ Moderate/Severe (affects activities) \_\_\_\_\_

Stools: 0-3 Liquid/no blood \_\_\_\_\_    0-3 Semi formed/small blood \_\_\_\_\_    >6/Liquid/gross bleeding \_\_\_\_\_

Patient Functioning: Well \_\_\_\_\_    Occasionally limited \_\_\_\_\_    Activity frequently limited \_\_\_\_\_

Weight: Stable \_\_\_\_\_    Weight loss (1-9 %) \_\_\_\_\_    Weight loss ( $\geq 10$  %) \_\_\_\_\_

Perirectal Disease:    None \_\_\_\_\_    Indolent \_\_\_\_\_    Active fistula/abscess \_\_\_\_\_

Abdomen:    NTND \_\_\_\_\_    Mild tenderness \_\_\_\_\_    Tenderness w/mass \_\_\_\_\_

How often does camper experience fever & vomiting?     Weekly     Monthly     Yearly

Any history of arthritis or joint pain?     Yes  No

Date of most recent lab studies and results: \_\_\_\_\_

Hct: \_\_\_\_\_    Sed rate: \_\_\_\_\_    Albumin: \_\_\_\_\_

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

Any additional instructions or concerns? \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

