

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: _____

IMMUNE DEFICIENCY SPECIFIC INFORMATION

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

Diagnoses: _____

Complications: _____

Recent Labs: Date _____ H/H _____ WBC _____

Segs _____ Bands _____ Lymphs _____ Platelets _____

Significant Abnormal Labs: _____

PPD Date _____ Negative _____ Positive _____ If positive, give details of treatment and contagiousness _____

Chronic diarrhea? **OYES** **O NO**

FOR CHILDREN WITH ACQUIRED IMMUNE DEFICIENCY / HIV INFECTION

Viral load: _____ CD4 count _____ Date _____

How was child infected? Vertically acquired _____ Other _____

Does child know his/her diagnosis? **OYES** **O NO** If yes, how long has s/he known? _____

What terms does child use to describe his/her illness? _____

Is child comfortable with disclosure issues? **OYES** **O NO**

Signature of Specialist

Print Specialist Name

Date

