CAMPER HEALTH-CARE RECOMMENDATIONS by LICENSED MEDICAL PERSONNEL FORM 2	To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.	Camper
Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, &	Dates will attend camp: from 7/12/20 to 7/25/20	per N
Association of Camp Nurses	Camper Name:	Name_
	First Middle Last  Male Female Birth Date Age on arrival at camp	<u></u>
Mail this form to the address below by <u>7/1/</u> 須伊伊	Month/Day/Year  Camper home address:	First
Sandy Olson		
District 5 Youth Director	City State Zip Code  Custodial parent(s)/quardian(s) phone: ()	
733 250th Street	Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.	
Woodville, WI 54028	·····	. 1
The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and	<u>Medical Personnel</u> : Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.	
injury. <u>Medical personnel:</u> Cross out those items the camper should <u>not</u> be given.	Physical exam done today: ☐ Yes ☐ No (If "No," date of last physical:)  Month/Day/Year	1
Acetaminophen (Tylenol) Ibuprofen (Advil, Motrin)	ACA accreditation standards specify physical exam within last 24 months.	Middle
Phenylephrine (Sudafed PE) Pseudoephedrine (Sudafed)	Weight:lbs Height:ftin Blood Pressure/	
Chlorpheneramine maleate Guaifenesin	Allergies: ☐ No Known Allergies	
Dextromethorphan Diphenhydramine (Benadryl)	☐ To foods (list):	
Generic cough drops Chloraseptic (Sore throat spray)	☐ To medications: (list):	
Lice shampoo or scabies cream (Nix or Elimite) Calamine lotion	☐ To the environment (insect stings, hay fever, etc.— list):	
Bismuth subsalicylate (Pepto-Bismol) Laxatives for constipation (Ex-Lax)	☐ Other allergies: (list):  Describe previous reactions:	
Hydrocortisone 1% cream Topical antibiotic cream Calamine lotion	Describe previous reactions.	
Aloe		Last
Diet, Nutrition: ☐ Eats a regular diet. ☐ Has a medically prescribed meal plan or dietary restrictions: (describe below)  The camper is undergoing treatment at this time for the following conditions: (describe below) ☐ None.		
The camper is undergoing treatment at this time for the following conditions: (describe below)  \Box None.  Medication: \Box No daily medications. \Box Will take the following prescribed medication(s) while at camp: (name, dose, frequency—describe below)		
Other treatments/therapies to be continued at camp: (describe below)   None needed.		
	ns or restrictions to activity while at camp? □ No □ Yes	(For Ca
:	hat do you recommend? (describe below—attach additional information if needed)	Camp Use) Session Code(s):
"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), 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	City State Zip Code	
Telephone: (		
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