

CAMP PA-QUA-TUCK
2019 Physician's Report

Date of this Report _____

Camper's Name _____

DOB: _____ MALE _____ FEMALE _____

Diagnosis (Primary) _____

Diagnosis (Secondary) _____

Doctor's Name and Address _____

Description of Camper's **General**

Health: _____

Allergies ... Y or N

Dietary Restrictions ... Y or N

Does child have a **Shunt?** Y or N

Location _____

Signs of malfunction _____

Does child have **Seizures?** Y or N

Severity _____

Frequency _____

Does this child need side rails on the bed? Y or N

Is child on **Medication?** Y or N

Physical Exam:

Vital Signs:

Height _____ Weight _____

Resp Rate (resting) _____ Blood Pressure (resting sitting) _____

Eyes _____ Throat _____ Ears/Hearing _____ Nose _____

Neck/Thyroid _____ Heart _____

Abdomen/Hernia _____ Spine _____ Extremities _____

Head _____ Eyes/Vision _____ Mouth/Teeth _____

Lungs _____ Skin _____

Noteworthy physical findings _____

Immunizations ... Photocopy of child's immunization sheet from birth is required

Date of Last Tetanus: _____

Physicians Authorization:

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to attend Camp Pa-Qua-Tuck, a residential camp for handicapped children and engage in activities except those noted below:

**I also approve of the below circled OVER-THE-COUNTER medications to treat minor illnesses and injuries. Should symptoms persist, the physician's office will be notified.
(generic brands may be substituted for name brands)**

COUGH: Robitussin Y or N	STUFFY NOSE: Sudafed..... Y or N
ANTI-HISTAMINE: Benedryl..... Y or N	FEVER, PAIN, HEADACHE Tylenol Y or N Chewable Tablets..... Y or N
DIARRHEA: Imodium..... Y or N CUTS, SCRAPES: Bacitracin..... Y or N	CONSTIPATION: Prune Juice..... Y or N Power Pudding..... Y or N Ducalux Tablets..... Y or N Ducalux Suppository..... Y or N Fleets Enema..... Y or N
UPSET STOMACH: Pepto Bismal..... Y or N	MENSTRUAL CRAMPS: Ibuprofen..... Y or N Tylenol..... Y or N
BUG BITES, POISON IVY: Calamine Lotion..... Y or N Bug Spray..... Y or N	SUN PROTECTION, SUN BURN: Sun Block..... Y or N Solarcaine..... Y or N

Print Physician's Name

Physician's Address

Physician's Signature

City State Zip

Date

(Area Code) Telephone Number

Parent's approval for ALL medication administration including OVER-THE-COUNTER Medications:

Parent's Signature

Without the physician and parent's approvals, we cannot give OVER-THE-COUNTER medications at camp.

