

# Camp Wamp

## Camper/CIT Physical Form

To Physicians and Their Staff:

This person is a camper at Camp Wamp. The job includes physical activity such as lifting, hiking, and canoeing, and requires the individual to be outside in a variety of weather conditions. Our staff use the information provided on this form to guide their interface with the camper. If you question the person's suitability for their participation, please talk with them and/or their parent/ guardian about your concerns and develop a plan to address that concern. You can also speak to one of our camp professionals by calling 530.721.6369. Thank you!

Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Height: \_\_\_ ft \_\_\_ in Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_

The following medications are stocked in our Health Center and will be used to manage illness and/or injury.

CROSS OUT any that are contraindicated for this person.

- Acetaminophen
- Aloe
- Bismuth Chew Tabs
- Calamine Lotion
- Chlorpheniramine maleate
- Diphenhydramine
- Epinephrine
- Guaifenesin DM
- Hydrocortisone Cream
- Ibuprofen
- Kaopectate
- Cough Drops
- Ivy Dry
- Nix
- Tolnaftate
- Topical Antibiotic Cream
- Pseudoephedrine
- Silver Sulfadiazine

1. List the chronic health problems of this person: this person is both physically and emotionally ready to participate at our camp except as noted in your comments.

None  Asthma  Diabetes  Allergies

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

2. List the prescription medication(s) this person will take while at camp.  None needed while at camp

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_

3. List ALL patient allergies, known reactions and best course of treatment upon exposure.  No known allergies

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_

Note: We expect the person will have an EpiPen and know how to use it if anaphylaxis is a known reaction.

4. Describe other treatments needed by this person while at camp to perform their job duties.  None needed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe any significant physical findings regarding this person and/or describe any limitations that may impact the performance or participation.  No significant findings

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If you feel we have neglected to ask something you feel is needed to adequately address this person's health, please add comments below.  No additional comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctor's Signature:**

\_\_\_\_\_

**PRINTED NAME (or Stamp):**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

By signing this form, you are stating that, in your opinion, this person is both physically and emotionally ready to participate at our camp except as noted in your comments.