



CAMPER PHYSICAL FORM

Camp Hochelega requires each camper to have a completed copy of this form or an equivalent form generated by a medical facility on file prior to attending camp. **This form can be uploaded into your camper's online account** or mailed to YWCA VT, 76 Pearl St Ste 205, Essex Junction VT, 05452. Camp Hochelega **does not** have a fax number.

<p>The following non-prescription medications are commonly stocked in camp Health Centers and are used on an <u>as needed basis</u> to manage illness and injury. Medical personnel: Cross out those items the camper should not be given.</p> <p>Acetaminophen (Tylenol) Ibuprofen (Advil, Motrin) Phenylephrine (Sudafed PE) Pseudoephedrine (Sudafed) Chlorpheniramine maleate Guaifenesin Dextromethorphan Diphenhydramine (Benadryl) Generic cough drops Chloraseptic (Sore throat spray) Lice shampoo or scabies cream (Nix or Elimite) Calamine lotion Bismuth subsalicylate (Pepto-Bismol) Laxatives for constipation (Ex-Lax) Hydrocortisone 1% cream Topical antibiotic cream Calamine lotion/Aloe</p>	<p><u>This form is to be completed by a medical professional, preferably the camper's primary care physician. Camp Hochelega requires each camper to have documentation of a physical within 12 months of camp attendance.</u></p> <hr/> <p>Camper Name: _____</p> <p>Physical exam done today: <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," date of last physical: _____)</p> <p>Weight: _____ lbs Height: _____ft____in Blood Pressure _____/_____</p> <p>Allergies: <input type="checkbox"/> No Known Allergies</p> <p><input type="checkbox"/> To foods (<i>list</i>):</p> <p><input type="checkbox"/> To medications: (<i>list</i>):</p> <p><input type="checkbox"/> To the environment (<i>insect stings, hay fever, etc.– list</i>):</p> <p><input type="checkbox"/> Other allergies: (<i>list</i>):</p> <p>Describe previous reactions:</p>
<p>Diet, Nutrition: <input type="checkbox"/> Eats a regular diet. <input type="checkbox"/> Has a medically prescribed meal plan or dietary restrictions: (<i>describe below</i>)</p>	
<p>The camper is undergoing treatment at this time for the following conditions: (<i>describe below</i>) <input type="checkbox"/> None.</p>	
<p>Medication: <input type="checkbox"/> No daily medications. <input type="checkbox"/> Will take the following prescribed medication(s) while at camp: (<i>name, dose, frequency—describe below</i>)</p>	
<p>Other treatments/therapies to be continued at camp: (<i>describe below</i>) <input type="checkbox"/> None needed.</p>	
<p>Do you feel that the camper will require limitations or restrictions to activity while at camp? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)</i></p> <p>"I have reviewed this camper's medical history and information 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.)"</p> <p>Name of licensed provider (please print): _____ Signature: _____ Title: _____ Office Address _____ Street City State Zip Code Telephone: (_____) _____ Date: _____</p>	