

RONALD MCDONALD CAMP 2019

Camp Dates: August 11-17

CAMPER SIBLING PHYSICAL

*****All campers must have this form completed by a physician/nurse practitioner and returned by the application deadline of May 1. If your child's physical appt. is scheduled between May 1 and July 31 due to insurance, you have already indicated the date on the online application and we will expect this form within a week of that date. If your appointment is scheduled after August 1, please contact us. Thank You!**

Name: _____ **Date:** _____

Date and site of previous surgeries: _____

Describe any physical challenges and/or physical limitations/restrictions to activity (include crutches, wheelchair, prosthesis): _____

Describe any allergies (type, reaction and management of reaction): _____

____ **CAMPER TAKES NO MEDICATION ON A DAILY BASIS**

ORAL MEDICATION

Drug Name & Strength	Dosage	Frequency	Reason for Taking

SUBCUTANEOUS(SQ)OR INTRAMUSCULAR (IM) INJECTION

Drug Name & Strength	Dosage	Route	Frequency	Reason

2019 SIBLING PHYSICAL

PHYSICAL EXAMINATION Please have your child's physician/nurse practitioner fill this section out completely. It is required that all sibling campers have physical exams **within 12 months** of attending camp.

NAME _____ DOB ____/____/____

Date of Exam: ____/____/____ Height: _____ Weight: _____

Blood Pressure: _____ Heart Rate: _____ Respiratory Rate: _____

System	Normal	Abnormal/Please explain
General		
HEENT		
Neck		
Lungs		
Heart		
Abdomen		
Neuro		
Skin		
GU		
Musculoskeletal		

Other Comments: _____

Doctor's/Nurse Practitioner's Statement: The patient above is physically able to engage in camp activities, except for physical limitations and restrictions listed above.

NP/ MD Signature _____ Date: _____

Print Name _____

Address: _____

Phone: _____

- Parents: You have 2 options to return this form:**
1. Scan and upload to your child's application paperwork.
 2. Email to camp@philarmh.org