

# RONALD MCDONALD CAMP 2020

Camp Dates: August 16-22

## CAMPER SIBLING PHYSICAL

**Please have your child's physician/nurse practitioner answer all questions on this form and sign. Return this form by the application deadline of May 1. If your child's physical appointment 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!**

Applicant's name \_\_\_\_\_

Date and site of previous surgeries: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Does the patient have adrenal insufficiency? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, what is the stress dose plan?

\_\_\_\_\_

Does the patient have a history of seizures? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, what is the seizure management plan?

\_\_\_\_\_



# RMC 2020 CAMPER SIBLING PHYSICAL (page 3)

**PHYSICAL EXAMINATION** It is required that all sibling campers have physical exams within 12 months of attending camp.

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Heart Rate: \_\_\_\_\_ Respiratory Rate: \_\_\_\_\_

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

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

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**Doctor's/Nurse Practitioner's Statement: The patient above is physically able to engage in camp activities, except for limitations and restrictions listed. I have completed all questions on this 3-page form and clear this patient for attendance at Ronald McDonald Camp.**

NP/ MD Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

- You have 2 options to return this form:***  
 1. Scan and upload to your application.  
 2. Email to [camp@philarmh.org](mailto:camp@philarmh.org)