MN ELK'S YOUTH CAMP
HEALTH EXAMINATION FORM

To be completed by the parent:

Name: _____ Sex: F M Birth date:_____ _Age: _____

Parent or Guardian_____Phone:_____

In emergency notify _____Phone:_____

Name of Dentist/Orthodontist _____Phone:_____

Name of Family Physician: _____Phone:_____

Do you carry family medical insurance? _____If so, Name of Insurance Company _____Policy or Group #_____

Please list any meds sent with child_____The camp nurse/aid will be administering these meds.

PARENT'S AUTHORIZATION: This information is correct and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician. I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

Signature _____Name Printed_____

To be completed by a Licensed Medical Personnel:

This exam should be performed within 3 months of arrival at camp. Date of exam _____

BP _____ Weight _____ Height _____

The applicant is under the care of a physician for the following conditions_____

Current treatment at the time of this report includes_____

Recommendations and Restrictions at Camp

Treatment to continue at camp _____

Medication to be administered at camp (name, dosage, frequency) _____

Known Allergies (Food, medication, or other) _____

Description of any limitation or restriction on camp activities _____

Dietary Restrictions

Please list any dietary restrictions that apply to this individual _____

Please attach immunization record

I have examined the person herein described and have reviewed his health history. It is my opinion that he is physically able to engage in camp activities, except as noted above.

Signature of Licensed Medical Personnel_____