

PHYSICIAN FORM



Mail/Fax this form to:
445 Athens Y Camp Road
Clarkesville, GA 30523
Fax: 706-754-3868
Phone: 706-754-8528
ycamp@windstream.net

To parent(s)/guardian(s): Complete this section and give this and a copy of your completed "Parent Form" to your child's healthcare provider for review.

Dates will attend camp _____ to _____

Camper Name: _____

Birth Date: _____ Age at camp: _____

Camper Home Address: _____

Custodial parent(s)/guardian(s) phone: _____

Rest of the form is to be completed by medical personnel.

Medical Personnel: Please review the "Parent Form" and complete all remaining sections of this form. Attach additional information if needed.

Physical exam done today: ___ Yes ___ No (If No, date of last physical: _____) (Physical exam must be within last 24 months)

Weight: _____ lbs Height: _____ ft. _____ in. Blood Pressure: _____/_____

Allergies: (foods, medications, environment, other allergies)

Please describe previous reactions:

Diet/Nutrition:

_____ Eats a regular diet _____ Has a medically prescribed meal plan or dietary restrictions (please describe)

This camper is undergoing treatment at this time for the following conditions:

Medication:

_____ No daily medications _____ Will take the following medication(s) while at camp (list name, dose, frequency)

Other treatments/therapies to be continued at camp:

Do you feel that the camper will require limitations or restriction to activity while at camp? _____ No _____ Yes (please describe)

"I have reviewed the Parent Form 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.)"

Name of licensed provider (please print): _____ Signature: _____

Office Address: _____

Telephone: _____ Date: _____