

KICKAPOO KAMP HEALTH EXAMINATION FORM

Report to be completed and mailed to the camp before June 1st
(This side to be filled in by parent before presenting to physician)

Camper's Name _____ Term _____

Age _____ Birthday ____ / ____ / ____ (MONTH/DAY/YEAR)

In emergency notify _____ Phone _____

HEALTH HISTORY: (Check if child has had any of these diseases and indicate how recently)

Frequent colds _____ Mononucleosis _____ Chicken Pox _____

Frequent sore throats _____ Kidney trouble _____ Measles _____

Sinuitis _____ Heart trouble _____ Mumps _____

Abscessed ears _____ Rheumatic fever _____ Scarlet fever _____

Bronchitis _____ Seizures _____ Poliomyelitis _____

Asthma _____ Diabetes _____ Appendicitis _____

Operations or serious injury? _____

Allergic to what things? _____

Penicillin or other drug reactions? _____

Sleep walking _____ Bed wetting _____ Fainting _____ If child is subject to any of these traits, her acceptance in camp may be questioned. Please communicate with the Director before completing plans to send her.

Has menstrual period started? _____ If not, has menstruation been explained to her? _____

Approximate date of period while in camp? _____

Is she subject to constipation? _____

Parent's comment on any special problems: (Allergies, drugs used, whether to be under nurse's supervision, activities to be restricted, etc.)

IMMUNIZATION REQUIREMENTS: (Record dates of last injection)

Poliomyelitis (required) _____ Diptheria/tetanus (required) _____

Measles (req'd) _____ Mumps (req'd) _____ Rubella (req'd to age 12) _____

PARENT AUTHORIZATION: The Sid Peterson Hospital has advised us that we need Parent Authorization in order to provide the best possible medical care for your child, so we need you to sign this authorization. Thank you for your cooperation.

The health history is correct so far as I know, and _____
has permission to engage in all camp activities except as noted by the examining physician.

I hereby give permission to the camp director to have first aid administered, and a tetanus booster given if needed, If further medical treatment is necessary and all efforts to reach you have been unsuccessful, the camp director has permission to secure proper medical treatment which may include, but not limited to, hospitalization, surgery, ordering of injection anaesthesia, for the person named above.

_____ Date _____

PHYSICAL EXAMINATION - To be filled out by a Licensed M.D.

Code: V - Negative

X - Not Satisfactory (Explain)

General Condition

or Appraisal _____

Throat - Tonsils _____

Height _____

Teeth: Position _____

Weight _____

Caries _____

Posture and Spine _____

Heart _____

Feet _____

Murmur _____

Skin: Scabies _____

Blood Pressure _____

Athlete's Foot _____

Sys. _____ Dias. _____

Impetigo _____

Lungs _____

Infection _____

Abdomen _____

Pediculosis _____

Genitals _____

Eyes: Vision _____

Hernia _____

Discharge _____

Menstruation _____

Glasses _____

Urine _____

Ears: Hearing _____

Allergy: Animals _____

Discharge _____

Food _____

Nutrition _____

Drugs _____

Blood Hemog. (desirable) _____

Horse Serum _____

Nose _____

Other _____

I believe this child is able to attend camp and participate in all camp activities with the following restrictions and recommendations:

Examining Physician M.D.

Phone _____ Address _____

Date _____