



General Medical Information

*** To be completed by the camper's primary physician(s)**

Camper's Name _____ Date of Birth _____

Weight _____ Height _____ Pulse _____ B/P _____

Has this child had a PPD or Tine Test? Yes _____ No _____ Date _____

Results _____ Chest x-ray results _____

Has this child ever had measles? Yes _____ No _____

Mumps? Yes _____ No _____

Rubella? Yes _____ No _____

Chicken Pox? Yes _____ No _____

Immunizations: Mark each box with the month and year received.

	<u>Date of Vaccine/Last Booster</u>
Diphtheria, Tetanus, Pertussia	_____
Measles	_____
Rubella	_____
Polio	_____
Mumps	_____
Tetanus	_____

Please list all medications used by this child (include route, PPNs, topical, or inhalant): **MUST BE FILLED OUT BY PHYSICIAN(S).**

Name of medication (& generic) Route Dose Frequency/Time

*Example: Amoxil 250 mg Orally 1 tablet 3xday/3a/12p/6p

(Attach additional sheets, if necessary)

Please indicate any special needs in giving medications (i.e., crushed with food, liquids only):

Campers are expected to bring sufficient supplies of medication in original Rx bottle or package, properly identified with camper's name and directions for use. Please send enough for the entire stay at camp.

(OVER PLEASE)

Has this child ever experienced any adverse reaction to medication or treatment?

Yes _____ No _____ If yes, please explain: _____

Is this child medically stable enough to participate in a camp program designed for children with tracheostomies and/or are ventilator assisted?

Yes _____ No _____ If no, please indicate: _____

Physician's Signature _____ Date _____

PLEASE DO NOT USE STAMP – MUST BE SIGNED BY THE PHYSICIAN

Physician's Name (print) _____

Address _____

Phone Number _____

Please return General Medical Information no later than May 7th, 2010 to:

**CHAMP Camp
Attn: Camper Application Review
49636 Churchill Street
Mattawan, MI 49071**

Or fax to: 317.245.2291

Or email to: jmitchell@champcamp.org