

**MEDICAL EXAMINATION BY LICENSED PHYSICIAN IS REQUIRED EVERY YEAR FOR OVERNIGHT CAMP. PLEASE UPLOAD THE COMPLETED FORM IN YOUR CAMP ACCOUNT AT LEAST ONE WEEK PRIOR TO THE FIRST DAY OF YOUR CHILD'S SESSION.**

I have examined (print camper's name) \_\_\_\_\_ within the past 12 months.

Date Examined \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

In my opinion, the applicant \_\_\_ is \_\_\_\_\_ is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions \_\_\_\_\_

Current treatments/medications to be continued at camp \_\_\_\_\_

Description of any limitation or restriction on camp activities \_\_\_\_\_



**Licensed Physician's Signature** \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of Form Completion \_\_\_\_\_ \*By \_\_\_\_\_  
*\*Initial if completed by nurse or physician's assistant*

**Health Insurance – Please provide camper's health insurance information below.**

Our family insurance is:

Insurance Carrier: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member #: \_\_\_\_\_

Group #: \_\_\_\_\_

Provider's Call phone #: \_\_\_\_\_

**Parent/Guardian Authorization:** This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted. **Authorization for treatment:** As parent/legally authorized representative of the above named child, I am by this document representing that I have the authority to consent to all medical/surgical care and treatment of my child. I hereby give my authorization and consent for staff members from Camp Fire and/or Camp El Tesoro to consent to the medical/surgical care and treatment of my child at my expense, including taking my child to an emergency room. It is my intent that this authorization shall apply to immunizations, as well as all other medical/surgical care and treatment and that this authorization is in effect while my child is a camper at Camp El Tesoro during the summer of 2023.

Signature of Parent/Guardian or Adult Camper/Staffer \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**FOR CAMP STAFF ONLY: SCREENING RECORD ON FIRST DAY OF CAMP**

Observational Notes \_\_\_\_\_

Screened By \_\_\_\_\_ Date \_\_\_\_\_