



Plast USA Camp Medical Form

Camper Health History *(Completed by Licensed Clinician)*

Please be advised that this form is for a 1 to 3 week long overnight camp. Please append a complete vaccination record and any special care plans (for example, asthma or seizure action plans) to this record.

Name (Last, First):		DOB:
Date of Physical Examination:		Results of Physical Exam Normal?
Weight:	Height:	For female patients, LMP:

Chronic Medical Conditions:
Past Surgeries:
Medications/Treatments:
Allergies/Sensitivities:
Does this camper require an Epi-Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this camper have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this camper diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Diet Requirement:
Behavioral Issues/Mental Health Diagnoses:
Emergency Plans Attached:
In my opinion, the above condition(s), <input type="checkbox"/> does or <input type="checkbox"/> does not preclude the camper's participation in an active camp program.

Licensed Clinician Signature:	
Licensed Clinician Name:	
Date of Completion:	Office Phone Number:



Plast USA Camp Medical Form

Name (Last, First):	DOB:
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PRN Over the Counter Medications *(Completed by Licensed Clinician, continued)*

Clinicians, please check off medications which you **ALLOW** the patient to receive on as needed basis while attending camp. The following medications will be administered as first aid as directed on packaging, based on child's weight and age, at the discretion of the clinician on duty: burn gel, calamine lotion, steroid cream, antibiotic ointment, topical antihistamine gel, zinc oxide, artificial tears, eye irrigating solution.

Please note for Novyi Sokil Camper ONLY: We are unable to "stock" the below OTC medication in the Novyi Sokil infirmary. Therefore, if your camper's clinician authorizes any of the below OTC medication for use, the parents must provide those medications (cannot be expired) in their original containers properly labeled with the camper's name.

Drug Name	Camper May Receive	Drug Name	Camper May Receive
Acetaminophen (Tylenol)		Aloe/burn gel	
Antacid		Antibiotic Ointment	
Pepto Bismol		Calamine Lotion	
Calcium Carbonate (Tums)		Cetirizine (Zyrtec)	
Dextromethorphan		Diphenhydramine	
Ear drops (wax or drying drops)		Eye drops (saline drops)	
Fexofenadine (Allegra)		Guaifenesin	
Hydrocortisone 1%		Ibuprofen	
Lice Shampoo		Loratadine (Claritin)	
Midol		Phenylephrine (Sudafed PE)	
Polyethylene Glycol		Pseudoephedrine	
Stool softener		Throat lozenge	
Topical Anti-fungal			

Prescribed Medications *(Completed by Licensed Clinician)*

Drug Name	Dose	Route	Indication

Patient Allergy and Reaction to Prescription Medication:

Licensed Clinician Signature:

Licensed Clinician Name:

Date of Completion:

Office Phone Number: