



Plast USA Camp Medical Form



Camper Health History *(Completed by Licensed Clinician)*

Please be advised that this form is for a 1 to 3 weeklong overnight camp. Please attach any special treatment, care, emergency action and/or behavioral plans (for example, asthma, allergy or seizure action plans) to this record.

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

Chronic Medical Conditions:

Past Surgeries:

Allergies/Sensitivities:

Does this Camper require an Epi-Pen? Yes No

Special Diet Requirements:

Activity Restrictions:

Does this Camper have epilepsy? Yes No

Does the Camper have diabetes? Yes No If yes, does this Camper require insulin? Yes No

Behavioral/Mental Health Concerns and/or Diagnoses:

Please Select ONLY 1 Box Below:

I have reviewed the above Camper's health history, and the Camper is medically cleared to participate in all camp activities **WITHOUT** restrictions.

I have reviewed the above Camper's health history, and the Camper is medically cleared to participate in camp activities **WITH the following restrictions that are listed above.**

Licensed Clinician Signature:

Licensed Clinician Name:

Date of Completion:	Office Phone Number:
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Plast USA Camp Medical Form



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

Clinicians - The below list of medications will be used on an as needed basis while attending camp. The medications will be administered as directed on packaging, based on child's weight and/or age, at the discretion of the clinician on duty.

If Camper is NOT approved to receive one or more of the below listed OTC medications, please list each excluded medication and reason for exclusion:

Medication Name:	Reason:
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Over the Counter Medications & Topicals:

Acetaminophen (Tylenol)	Calcium Phosphate (Pepto kids) -	Hydrocortisone 1% (Steroid Cream)	Pseudoephedrine (Sudafed)
Aloe vera	Cetirizine (Zyrtec)	Ibuprofen (Advil, Motrin)	Simethicone (Gas Relief)
Antibiotic Ointment (Bacitracin, Neosporin)	Dextromethorphan/ Guaifenesin Combo (Cough Medication)	Lice Shampoo	Stool Softener
Antiseptic Wash	Diphenhydramine (Benadryl)	Loperamide (Imodium)	Throat Lozenge
Aquaphor	Ear Drying Drops	Loratadine (Claritin)	Topical Antifungal
Bismuth Subsalicylate	Eye Drops (Lubricating)	Menthol containing creams & powders	Topical Antihistamine Cream/Gel (Anti-itch)
Calamine 8% (with or without topical anesthetic or skin protectant)	Eye Irritation Drops (Visine)	Nasal Saline Spray	Topical Pain Reliever 2% Lidocaine
Calcium Carbonate (Tums)	Fexofenadine (Allegra)	Polyethylene Glycol (Miralax)	Zinc Oxide

Any Prescribed Medications, Vitamins, Supplements, or OTC medications not listed above *(Completed by Licensed Clinician)*

Parents - if your child has medications prescribed by other specialists, please list them here to assist your pediatrician in ensuring all medications you want given at camp are listed below. **No medications can be administered at camp without them being listed on this form and signed by the clinician. Also, if your child has any change to their medication regimen since the time you registered to the start of camp, you will need to update your camper's CampDoc profile as well as update your pediatrician signed form to match.**

Drug Name & Strength	Dose	Route	Frequency	Indication

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