

## 2009 CAMPER PHYSICAL EXAM

**IMPORTANT: This form is only necessary in certain cases.**

Please complete this form if your camper has ongoing or health issues that require specialized or continuous care.

**PLEASE NOTE:** Minnesota Youth Camp Rules state that if the health form identifies health problems (such as asthma or other respiratory disorders, allergies, blood disorders like hemophilia, or any chronic illnesses like cancer) or activity limitations, **a physical examination performed by a licensed physician within one year before admission to the camp – including instructions relative to the limitation of the camper's participation in camp activities and/or medication requirements – is necessary.**

**Please mail or fax this form **FOUR weeks** before your camper's session to:**

Girl Scouts of Minnesota and Wisconsin River Valleys · 5601 Brooklyn Boulevard · Brooklyn Center, MN 55429 · Fax 763-535-7524

### HEALTH CARE RECOMMENDATIONS BY LICENSED MEDICAL PERSONNEL

Camper Name:

I examined this individual on \_\_\_\_\_. (Exam must be within 12 months of camp attendance.)

Height:

Weight:

Respiration:

Temperature:

Pulse:

BP:

This camper is under the care of a physician for the following:

Current treatment (including current medications):

Any treatment to be continued at camp:

Medications which this camper will bring and take while at camp (provide medical order for administration):

Any allergies (food, drugs, plants, insects, etc.) including treatment for allergic response:

Recommendations and restrictions of any activities while at camp:

Signature of licensed medical personnel:

Printed name of medical personnel:

Title:

Street Address:

City:

State:

Zip:

Phone:

Date: