Camper Health Care Recommendations by Licensed Medical Personnel FORM 2

To Parent/Guardian: Complete the top section and give this form along with Health History FORM 1 to your child's health care provider for review. This FORM 2 must be signed by your child's physician in order to attend Camp Kingsmont.

Camper Name: _____ Male: ____ Female: ____
First Middle Last

Date of Birth: _____ Age on arrival at camp: _____

Camper Home Address: _____
Street City State Zip

Parent/Guardian Name: _____ Phone (___) _____

Medical Personnel: please review the Camper Health History FORM 1 and complete all remaining sections of this FORM 2. A physician's signature is required at the bottom of this FORM 2.

Date of most recent physical exam: _____ (must be within past 24 months)
Weight: _____lbs; Height: ___ft ___ in Blood pressure ____/____

Allergies: No known allergies: _____

To foods ____ (please list all food allergies) _____

To medications ____ (please list) _____

To the Environment ____ (please list) _____

Other Allergies ____ (please list) _____

Diet, Nutrition: Eats a regular diet: _____

Has dietary restrictions ____ (please list) _____

Medication: No medications: _____

Will take the following medications while at camp (please list name, dose and frequency) _____
_____

The camper is undergoing treatment at this time for the following conditions: None ____ or please describe
_____

Do you feel that the camper will require any limitations or restrictions to activity while at camp? No ____; Yes ____. If 'Yes', please describe: _____
_____.

I have reviewed the Camper Health History FORM 1 and have discussed the Camp Kingsmont program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program except as noted herein.

Name of Licensed Provider(print): _____ Signature: _____
Office Address: _____
Street City State Zip
Phone: (___) _____ Date: _____