

Participant Name: _____ Group Reg Code: _____

This page is to be completed by a medical professional.

To the Parent/Participant: A medical examination by a licensed practitioner from within 1 year of the trip is required for attendance. EITHER have your doctor complete this form, OR submit a copy of an After Visit Summary of a Well Check, School, or Sports Physical.

To Medical Personnel: Please review the enclosed form, and attach additional information as necessary. The person listed above will be participating in a wilderness trip lasting up to one week that will involve moderate physical exertion, frequent contact with water, and remoteness from immediate professional medical care. They will be activities such as canoeing, camping, hiking, and swimming. With questions call Camp Amnicon at 715-364-2602 ext 2.

Date of Exam: _____

Physical Information

Height: _____

Weight: _____

Blood Pressure: _____ / _____

Allergies:

Please list all allergies:

Dietary Restrictions:

Please list all dietary restrictions:

Contraindications

The following OTC medications are stocked in Amnicon's first aid kit and are given as needed to manage illness or injury. Please cross out any items below which should NOT be given to the camper listed at the top of this form:

Acetaminophen (Tylenol)

Ibuprofen (Advil)

Aspirin

Phenylephrine (Sudafed PE)

Diphenhydramine (Benadryl)

Bismuth Subsalicylate (Pepto Bismal)

Hydrocortisone 1% Cream

Dimenhydrinate (Dramamine)

Saline Eye-Wash

Ongoing Treatments:

This patient is undergoing treatment for the following conditions:

Medications:

Please list all medications the patient will be taking at camp (name, dosage, etc...)

Limitations or Restrictions:

Will the patient require any limitations or restrictions to activity while at camp?

Signature

"I have examined the patient. It is my opinion that this person is physically and emotionally fit to participate in this camp program."

Name: _____

Office Address: _____

Signature: _____

Phone: _____

Title: _____

Date: _____