

MINIWANCA 2009 Health Memorandum

Camper must have had a physical within 24 months of camp or since July 31, 2007.

This form verifies the date of child's last physical, and physician recommendations for participation in the camp program.

It must be completed and signed by child's physician.

Return to: Miniwanca, 8845 W. Garfield Rd.; Shelby, MI 49455

Fax: (231) 861-5244 Phone: (231) 861-2262

****FOR OFFICE USE ONLY****

Pre-Season reviewed by _____ Date _____
 Health Officer reviewed _____ Date _____

TO EXAMINING PHYSICIAN OR PHYSICIAN EXTENDER:

Miniwanca Camp programs are physically and mentally strenuous at times, but an individual with normal mental and physical capacity can usually expect to do well in our programs. Examples of activities in our programs include but not limited to swimming, biking, backpacking, sailing, remote camping, traversing rugged terrain, exposure to the natural elements and using challenge courses that may be 50' high or greater. We appreciate your input as to whether there is any need for further evaluation, specific recommendations, or limitation of this participant in our program.

Name of child _____ Date of last physical examination _____

Any recent injuries or existing medical condition (chronic or recurring illnesses?) ___No ___Yes If yes, please explain:

Summary of Active Concerns/Restrictions which would preclude child from participating fully in camp program or in remote wilderness backpack, bicycle, kayak, or canoe trips (diet, medical, swimming, athletic, psychological) :

None or list below: (use back if necessary)

Health History (Please check all that apply)

_____ Allergies: Drug ___ Food ___ Environmental ___ Bee Stings ___ Epi-pen required? ___ yes ___ no

Specify & Describe Reaction: _____

_____ Asthma (type) _____ Well controlled? _____ Inhaler ? ___ yes ___ no

If inhalers or epi-pens are prescribed:

Campers prescribed epi-pens or inhalers may be given permission to carry their inhaler or epi-pen with them during camp. Do you have any concerns with this camper carrying their inhaler or epi-pen, their understanding of how to safely possess it, or their ability to self-administer if necessary? ___No ___Yes

Medications (ALL medication, INCLUDING psychological)

Medication & Dosage (mg x daily)	Times of admin	Purpose	Special Instructions

Immunizations: _____ Copy attached and verified up to date Date of last Tetanus Toxoid Immunization: _____

TB Risk Assessment – Test not necessary if risk deemed low Low Risk _____ High Risk _____ Test results _____ Date: _____

PHYSICIAN SIGNATURE REQUIRED

Physician Name: _____ How long have you known the participant?: _____

Address: _____ Telephone: _____

Physician signature _____ Date _____