

MINIWANCA HEALTH MEMO 2010

FOR OFFICE USE ONLY
Pre-Season reviewed by _____ Date _____
Health Officer reviewed _____ Date _____

This form must be completed and signed by the child's physician.

Camper must have had a physical within 24 months of camp or since July 30, 2008.

Return to: Miniwanca 8845 West Garfield Rd. Shelby, MI 49455
Fax: (231) 861-5244 Phone: (231) 861-2262

Name of patient _____ Date of last physical examination _____

Date of Birth _____ Age _____ Height _____ in./cm Weight _____ lb./ kg.

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: _____

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: _____