SANFORD Children's

Camper Health Evaluation

Please print this form and return it by May 22nd. Please contact your physician to schedule an appointment.

TO BE COMPLETED BY MEDICAL PROVIDER

I have examined (name of camper): _____

Date of exam: _____ (must be within 6 months of camp) Age: _____

Participation level at camp: Full participation Limited participation (circle one)

Activity restrictions: _____

Height: _____ Weight: _____ Blood pressure: _____

The applicant is under the care of a physician for the following condition(s): _____

_____

Current treatment (protocol) at the time of this report: _____

_____

_____

Date of last treatment: Treatment to continue at camp: _____

What treatment/chemotherapy was given: _____

Central line: Yes No (circle one) If yes, Broviac (external) or port (internal) (circle one)

Will it need to be flushed the week of camp? ❑ Yes ❑ No If yes, how often? _____

Type of dressing for central line and does it need to be changed at camp: _____

_____

Any medically prescribed meal plan or dietary restrictions: _____

_____

Any allergies (food, drug, plants, insects, etc.): _____

Any additional health information: _____

_____

Signature of Licensed Medical Personnel: _____

Printed name: _____ Title: _____

Address: _____ phone#: _____

Date form completed: _____ By: _____ (initial if done on behalf of physician)

Return this form by: May 22, 2020

Fax to: (605) 328-1514 or
Mail to: Camp Bring-It-On Tristan Hargens, Route # 6374, 1305 W 18th Street, PO Box 5039 Sioux Falls, SD 57117-5039
Online Upload: sanfordhealth.org (keyword: Sanford Camps)

Medication during camp: Medications are dispensed at each meal and at bedtime. We would prefer to give as many evening medications as possible with supper. If the evening medications must be given at bedtime, please indicate this below.

Name of Medication	**Route** *(Mouth, IV, SQ, etc.)*	**Dosages**	**Frequency** *(include even/odd days)*	**Circle the time of day to be given**
				AM NOON PM BED
				AM NOON PM BED
				AM NOON PM BED
				AM NOON PM BED
				AM NOON PM BED
				AM NOON PM BED
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