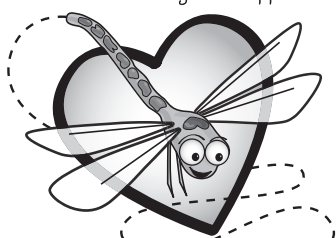


Where Children Find Strength,
Courage and Happiness



Dragonfly
Heart Camp

Camper Health-Care Recommendations By Licensed Medical Personnel Form 2

Developed and reviewed by:
American Camp Association,
American Academy of
Pediatrics Council on School
Health, & Association of
Camp Nurses

Mail this form to the
address below by:

May 30, 2010

Dragonfly Heart Camp,
c/o Debra Lefkowitz
Children's Hospital
of Philadelphia
3400 Civic Center Blvd
Cardiology, 8NW-86
Philadelphia, PA 19104

267-426-5720
www.DragonflyHeartCamp.org

(For Camp Use)

Camper Name: _____

Cabin or Group: _____ Session Code(s): _____

PARENT(S)/GUARDIAN(S): (FILL OUT THIS SECTION ONLY)

Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp (Month/Day/Year): from _____ to _____

Camper Name (First, Middle, Last): _____

Male or Female _____ Birth Date: _____ Age on arrival at camp: _____

Camper Home Address: _____

City, State, Zip Code: _____

Custodial Parent(s)/Guardian(s) Phone #: (_____) _____

Custodial Parent(s)/Guardian(s) Email: _____

MEDICAL INSURANCE INFORMATION: I do not have medical insurance

Name of Insurance Company: _____

Policy Holder: _____ Policy#: _____

Group #: _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

MEDICAL PERSONNEL:

Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No

(If "No," date of last physical): _____ Month/Day/Year)

ACA accreditation standards specify physical exam within last 3 months.

Weight: _____ kg **Height:** _____ cm **Blood Pressure:** _____ / _____

Allergies: No Known Allergies

To foods (list): _____

To medications: (list): _____

To the environment (insect stings, hay fever, etc.– list): _____

Other allergies: (list): _____

Describe previous reactions: _____

Diet, Nutrition: Eats a regular diet.

Has a medically prescribed meal plan or dietary restrictions: (describe) _____

The camper is undergoing treatment at this time for the following conditions: (describe below)

