

**CAMP KREM PHYSICIAN'S MEDICAL FORM (2019)**



To be completed by parent / guardian **and** medical doctor.  
Please return at least 30 days before the start of camper's session.

**Upload to your Camp Krem Account:**

- Go to <https://campkrem.campintouch.com/v2/login/login.aspx>
- Log in with email address and password
- Click on "Forms and Documents"
- Click on the "Upload" arrow, next to the "Physician's Medical Form"
- Click on "choose file" and select the completed "Physician's Medical Form" to be uploaded from your computer (PDF files only).

Or **Submit by Mail/ Fax:**

Camp Krem  
c/o Health Center  
102 Brook Lane  
Boulder Creek, CA 95006

Phone: (831) 338-3210  
Fax: (831-338-1056)

**Camper Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PARENT / GUARDIAN: PLEASE READ AND SIGN BELOW:** I am the parent/ legal guardian of the camper named above (or the camper him/herself). I confirm that, to the best of my knowledge, this Medical Form, all details of the camper's health history, immunization records and all other information provided by me to Camp Krem and to my camper's physician are up to date, true, and correct.

With the realization that personal notification may not be possible or practical, I authorize Camp Krem staff to act in loco parentis, rendering any and all aid or assistance deemed appropriate to help my camper, including contacting a physician, radiologist, surgeon or dentist who may take any measure, including surgery and hospital care, deemed necessary to treat my camper. I give my permission for camper to be transported off camp property when necessary.

I give Camp Krem staff permission to provide medication to my camper. I agree to pay for any prescribed medication or treatment my camper may need while under Camp's supervision. I understand that camper will receive a health screening by a registered nurse or his/her designee within 24 hours of arriving at camp, as required by the American Camp Association and California Health regulations.

I will notify Camp Krem if there are any changes to camper's medications, medical needs, social/behavioral status prior to camper attending camp.

I agree that the above camper may participate in Camp Krem programs. I understand that part of the Camp experience involves activities and group living arrangements and interactions that may be new to my camper, and that they come with certain risks and uncertainties beyond what my camper may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my camper.

This authorization shall continue to be in effect as long as camper is a participant in the Camp Krem program. I agree that under no circumstances will Camping Unlimited, nor Camp Krem, their employees, officers, directors, agents, contractors or volunteers be held responsible for reasonable acts or failures to act or for acts or omissions of third parties.

**\*Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Camper Signature if over 18 and not Conserved)

## EMERGENCY CONTACTS



Please provide at least two emergency contacts (not including the parent/guardians attached to your Camp Krem Account) in the order in which you would prefer them to be contacted in the event we cannot reach you in an emergency.

Name	Relation to Camper	Phone	Alternate Phone	Email

## DOCTOR'S MEDICATION ORDERS

To be completed by medical provider



**MEDICATIONS:** If your camper must take medications, vitamins or supplements at camp, they must be listed on this form. Medications must be sent to camp, pre-packaged by a pharmacy or parent/guardian in multi-dose container or multi-dose blister-packs and labeled as appropriate. The camp nurse cannot give the medication not on this list and signed by a doctor. If there is a change after this form is submitted, the nurse must have a note from the doctor stating the change. (Print this page twice to list additional medications.)

Medication Name	Dosage (i.e. strength of individual pills plus how many pills)	Route of Administration	When taken? (B-L-D-Bedtime, other)	Purpose of medication	Special notes for Camp Krem Staff

**PHYSICAL EXAM**



To be completed by medical provider

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

List Developmental Disability(ies): \_\_\_\_\_

Medical Diagnosis

1: Primary Medical Diagnosis \_\_\_\_\_

2: Secondary Medical Diagnosis \_\_\_\_\_

3: (Please list any further medical diagnoses on separate page)

Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_

Implants? Yes/No: Type \_\_\_\_\_

**All TB (PPD) tests must be within 12 months of start of camp session.** If PPD is not indicated, please initial below.

TB (PPD) Neg/Pos date \_\_\_\_\_ OR This camper is not at risk and/or shows no symptoms of tuberculosis.

Therefore, a PPD is not necessary. **MD initials** \_\_\_\_\_

LIST LAST DATE OF IMMUNIZATIONS: DTaP \_\_\_\_\_ Polio \_\_\_\_\_ Hepatitis B \_\_\_\_\_ MMR \_\_\_\_\_

Tetanus Booster (Must be within 10 years) \_\_\_\_\_

Sleep/CPap Machine? Yes/No: Type \_\_\_\_\_

History of Seizures Yes / No Type of Seizures \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Frequency and duration \_\_\_\_\_

Please describe camper's seizure activity/when to call MD or parent: \_\_\_\_\_

SYSTEM	NORMAL	ABNORMAL	DESCRIBE
Eyes			
Ears			
Nose / Throat			
Skin			
Cardiovascular			
Respiratory			
Abdominal			
Neurological			
Musculoskeletal			

Medically prescribed meals or dietary restrictions \_\_\_\_\_

Recent health problems \_\_\_\_\_

**STATEMENT OF PHYSICIAN:** I examined \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and found no evidence of communicable disease and found him/her to be in satisfactory condition to participate in camp programs to:

[ ] Full extent (without restrictions) [ ] With Restrictions - Please list below:

\_\_\_\_\_

I have reviewed medications listed on page 2 of this Medical Form (if camper is prescribed medications).

**DOCTOR SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_