

## CAMP KREM PHYSICIAN'S MEDICAL FORM (2023)



To be completed by parent/guardian **and** Medical Doctor.  
Please return at least 30 days before the start of camper's session.  
Form is valid for 12 months.

### **Upload the completed document 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).
  - Please note: The form must be attached as a single PDF document. Uploading multiple pages does not work with our software, and each subsequent individual PDF you upload will replace the one before. Please ensure you have combined it into a single document.

### Or **Submit by Email/Fax:**

Email scanned document to:  
[campkrem@campingunlimited.org](mailto:campkrem@campingunlimited.org)

Send via Fax:  
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)*

***Remainder of form to be completed by your camper's Medical Provider.***



## 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 additional medical diagnoses:

\_\_\_\_\_

Blood Pressure	Weight	Height	Temperature	Pulse	Respiration

**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	Tetanus Booster ( <i>must be within 10 years</i> )	Polio	Hepatitis B	MMR

**COVID-19 Vaccinations:** Date of primary series: \_\_\_\_\_ & \_\_\_\_\_

Booster(s): \_\_\_\_\_

**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: \_\_\_\_\_

When to call 911 for abnormal seizure activity: \_\_\_\_\_

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

Medically prescribed meals or dietary restrictions:

\_\_\_\_\_

Recent health problems:

\_\_\_\_\_

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

**STATEMENT OF PHYSICIAN:** I examined \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ and found no evidence of communicable disease and found him/her to be in satisfactory physical/medical 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) and confirm that the prescriptions listed are current.

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

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

Phone \_\_\_\_\_

## Medication Packaging Policy for Rx and OTC medications/supplements Reference Pages Only (No need to return to Camp Krem)

Camp Krem – Camping Unlimited requires camper’s medication to be pre-packaged by you, or by a pharmacy, before they arrive at Camp. This policy streamlines our process and minimizes potential medication errors. Your camper will also spend less time waiting in line and our nurses will have more time to devote to your camper’s other healthcare needs. Your cooperation with this policy is respectfully requested.

All medication and supplements **in pill form must be pre-packaged** in order to be distributed to a camper while at camp. Pills must be packaged separately by day and delivery time (Breakfast, Lunch, Dinner, Bedtime), in a closed packaging system, and out of their original bottles.

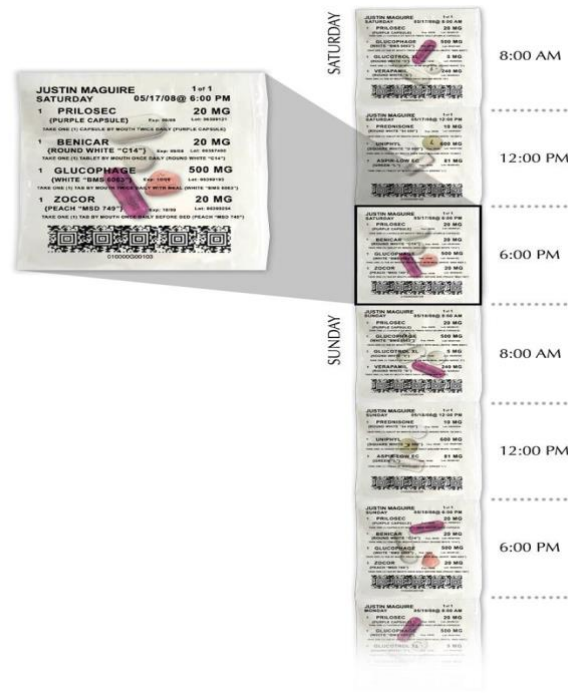
All **liquid, powder, or “as needed”** medications or supplements must be sent in their **original packaging** with clearly outlined instructions on when and how to dispense.

These are the only acceptable packaging systems for all Camp Krem events. **Please make sure to also send all original bottles with an extra dose for prescriptions, supplements, and over the counter medications with your camper for identification purposes.** If you have any questions or concerns, please call us at 831-338-3210 or email [healthcenter@campingunlimited.org](mailto:healthcenter@campingunlimited.org).

We will accept several forms of packaging (listed below).

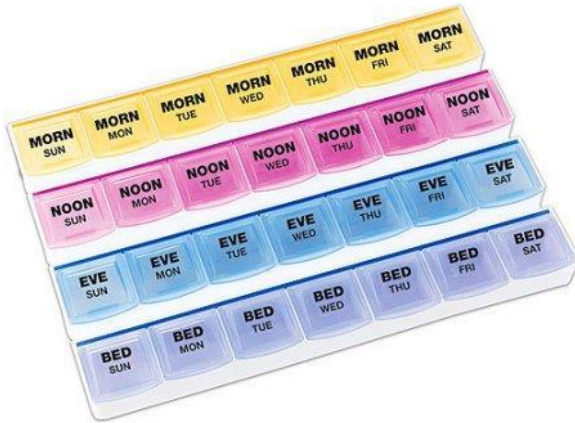
### 1. Multi-Dose Strip Packaging

Multi-Dose Strip packaging consists of individually sealed compartments which contain all medications in pill form that are to be taken at a particular med pass timetime.



2. Parent Filled Pillbox/Organizer or Pill Baggies

There are many different styles of organizers. Please ensure each day and time of delivery is clearly marked, and corresponds with the dates your camper will be at camp.



3. Multi-Dose Blister Packs

Each blister pocket contains all the medication, in pill form, that is to be taken at a particular med pass time. These can often be ordered online.



We will **not accept Unit-Dose blister packs** in which each individual medication has its own blister pack.



Please send only the number of doses needed, plus medication needed for **one extra** day.

It is your responsibility to ensure that the camper's medications and administration instructions are accurate and up-to-date within your Camp Krem Account "Forms and Documents" section (Health Form 1). Dispensing instructions (name, delivery time, dosage, etc.) must be detailed clearly and precisely for when and how each medication is to be administered. Details must match the dosing instructions on the prescription bottle. For any dosing or delivery instructions that have changed from the bottle instructions, you must provide a physician's note verifying the change.

**If your camper arrives without medication pre-packaged, you will either be given blister packs and asked to pre-package your camper's medication, or be charged a \$200 service fee to offset the considerable time and care that will be required to ensure correct timing and dosages.**

Birth Control pills and "as-needed" (PRN) pills are **an exception** and can be sent in the original packaging.

Liquids, creams, inhalers, powders and injectable medicines are to be delivered to Camp Krem in their original packaging, with clear dispensing instructions included.

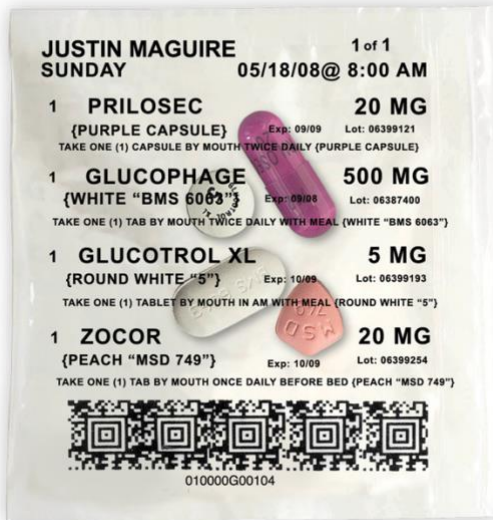
Camp Krem stocks most over the counter items such as aspirin, acetaminophen (Tylenol), ibuprofen (Advil), antihistamine (Benadryl), antacids (Tums), antibiotic ointments, hydrocortisone anti-itch creams (Cortaid), Band-Aids, etc. so there is no need to send these medications if they are taken on an as-needed (PRN) basis.



Please feel free to email our Health Center Staff at [healthcenter@campingunlimited.org](mailto:healthcenter@campingunlimited.org) (during the summer) or [campkrem@campingunlimited.org](mailto:campkrem@campingunlimited.org) anytime. You can also call us at (559) 641-2727 with any questions.

Thank you for your support in making your camper's stay at Camp Krem as safe as possible.

# YES



# NO



