

Camper Physical

Every camper is required to have a physical completed by a medical professional and dated within 2 years of the end date of his/her camp. Cross Bar X keeps camper physicals on file for at least two years. If you think we have a current physical on file, check the appropriate box below, and return this form to camp. If we do not have a current physical on file, have your medical personal fill out and sign this form. If your doctor uses a separate form, make sure the information asked for below is included on that form.

Camper Name: _____ Gender: M F Age: ___ Height ___ Weight ___

Does Cross Bar X have a current physical on file for this camper?

Yes No Unsure

List **any** physical, psychological or other concerns that may effect this child's ability to participate in camp activities:

History of serious lacerations, injuries, or illness:

Special diet or food intolerances: _____

Circle all that pertain to this camper:

asthma diabetes frequent ear infections headaches seizures
frequent colds diarrhea constipation bed-wetting sleepwalking

Camper's health:

good fair special conditions

other: _____

List any other concerns: _____

I have examined this camper and found him/her to be in satisfactory physical condition, free from any contagious disease and capable of active participation in a regular camp program except as follows: _____

Examiner

Print name _____ Title _____
Signature _____ Date _____
Clinic/Hospital _____
Phone _____
Address _____

The following nonprescription medications may be stocked in the camp health center and administered by certified Cross Bar X Staff members on an as needed basis to manage illness and injury.

MEDICAL PERSONNEL: Please cross out those the camper should NOT be given.

Ibuprophen
Immodium AD (anti-diarrheal)
Maalox
Milk of Magnesia
Simethicone (gas relief)
Topical Lidocaine 2% (anesthetic)
Triple Antibiotic Ointment
Tylenol (acetaminophen)
Tums

Allergy Eye Drops
Benadryl (diphenhydramine)
Caladryl Lotion (relieves itching)
Claritin
Cough Drops
Dulcolax (laxative)
Epinephrine (in case of a life-threatening allergic reaction)
Hydrocortisone Cream
Hydrogen Peroxide

Health Record

Vaccinations

COLORADO LAW REQUIRES THIS FORM BE COMPLETED

In order to comply with the School Immunization Act, all child care facilities, including camps, must have children's immunizations recorded on the Health Department's Certification of Immunization. Please have the Certification of Immunization section below completed by your doctor or obtain a copy from the school nurse. If your child is coming from out of state, the parent/guardian may sign the personal exemption section if your child is not "up to date" for Colorado standards.

Name: _____ Date of Birth: ____/____/____

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Most Recent
DTP/DTaP (Diphtheria-Tetanus-Pertussis)						
dT/TdaP (Tetanus-Diphtheria Booster)						
MMR (Measles, Mumps, Rubella)						
IPV/OPV (Polio)						
Hib (Haemophilus influenza type B)						
HB (Hepatitis B)						
Varicella (Chicken Pox)						
Other:						

Statement of Exemption to Immunization Law

Medical Exemption: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

Signed _____
Date _____
(Physician)

Religious Exemption: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

Signed _____
Date _____
(Parent/guardian, emancipated student/consenting minor)

Personal Exemption: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

Signed _____
Date _____
(Parent/guardian, emancipated student/consenting minor)

To the best of my knowledge, the person named above has received the above immunizations.

Signed _____
Title _____ Date _____
(Physician, nurse, or school health authority)

Medication List (If none, put N/A)

MEDICATION POLICY: If your child will be taking medications at the time of camp, it is important that you adhere to following policy: ALL medications have to be turned into the camp nurse at the time of check-in. By state regulations, campers cannot keep any medications with them (with exception to some inhalers). The camp nurse will make sure the camper takes the prescribed dosages at the proper times. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, dosage, and the frequency of administration. Do not put pills in baggies/pill boxes. We must give the dosages as prescribed. If the dosage has been changed, make sure you bring a written doctor's prescription that gives the adjusted dosage. List all medications, including over-the-counter, that the camper will be taking at the time of camp. **If your child will not take medications, write N/A on the first line.**

Medication	Purpose	Dosage

The following nonprescription medications may be stocked in the camp health center and administered by certified Cross Bar X Staff members as needed to manage illness and injury. **Cross out those the camper should NOT be given.**

Allergy Eye Drops	Topical Lidocaine 2% (anesthetic)	Hydrocortisone Cream	Dulcolax (laxative)
Benadryl (diphenhydramine)	Triple Antibiotic Ointment	Hydrogen Peroxide	Epinephrine (in case of a life-threatening allergic reaction)
Caladryl Lotion (relieves itching)	Tylenol (acetaminophen)	Ibuprophen	Milk of Magnesia
Claritin	Tums	Immodium AD (anti-diarrheal)	Simethicone (gas relief)
Cough Drops	Vitamin C Chewable Tablets	Maalox	

Parent/Guardian Signature _____ Date _____

Insurance Information (If none, put N/A)

All registrants are covered by excess camper medical insurance and subject to the limits thereof. Individual insurance is primary.

Insurance co. _____ Policy no. Address _____
Phone _____ Doctor's name _____
Clinic/Hospital Address _____ Phone _____