

**LIONS CAMP HORIZON**  
**PHYSICAL EXAMINATION FORM**

**THIS FORM MUST BE RECEIVED NO LATER THAN JUNE 1st**

**PART I: Personal Information (to be completed by parent/guardian)**

Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_ Male \_\_\_\_ Female Custodial Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PART II Medical Information (to be completed by healthcare provider)**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Heart Rate: \_\_\_\_\_ Respiration: \_\_\_\_\_ Temp: \_\_\_\_\_

**Assessment:**

Skin/scalp: \_\_\_\_\_ Eyes: \_\_\_\_\_ Ears: \_\_\_\_\_ Nose, throat, & mouth: \_\_\_\_\_ Glands: \_\_\_\_\_  
Teeth & gums: \_\_\_\_\_ Lungs: \_\_\_\_\_ Heart: \_\_\_\_\_ Abdomen: \_\_\_\_\_

**Allergies:**

Medications: \_\_\_\_\_  
Insect stings: \_\_\_\_\_ Does camper have a prescription for an Epi-Pen? \_\_\_\_\_  
Environmental: \_\_\_\_\_ Other: \_\_\_\_\_  
Does camper have a prescription for a rescue inhaler? Yes \_\_\_\_ No \_\_\_\_  
Does camper have a history of seizures? Yes \_\_\_\_ No \_\_\_\_ Date of last seizure: \_\_\_\_\_ If yes, please advise what type and frequency: \_\_\_\_\_

Does camper require a portable oxygen tank? \_\_\_\_\_ CPAP or VPAP: \_\_\_\_\_  
Does camper require a mouth guard during sleep? \_\_\_\_\_

**Vaccinations:**

Date of last Tetanus vaccine: \_\_\_\_\_ Date of last TB test: \_\_\_\_\_ Positive: \_\_\_\_ Negative: \_\_\_\_ PPB reactor: \_\_\_\_  
Is camper fully vaccinated for COVID-19 per WA State definition of being fully vaccinated? \_\_\_\_\_  
(Proof of COVID vaccination will be required for participation)

**Current or chronic medical conditions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medically prescribed dietary restrictions or meal plan:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Camp activities include nature walks, outdoor games and activities, arts & crafts and bowling. Please advise any restrictions on physical activities at camp:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional information for our nursing staff:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIONS CAMP HORIZON  
PHYSICAL EXAMINATION FORM**

**MEDICATIONS**

No prescription medications or over-the-counter medications will be dispensed to the camper without the signature of a licensed healthcare provider. Please provide a complete list of the medications prescribed for this camper including herbal remedies in the box below. Unless medically necessary to do otherwise, medications are administered at the following times: 8AM (breakfast), Noon (lunch), 5PM (dinner), and 8PM. Please write exceptions to this under "Comments."

**PRESCRIPTION MEDICATIONS**

Medication	Dosage	Comments

**OVER - THE - COUNTER MEDICATIONS**

I authorize the use of the following OTC medications to be used for their intended purposes on a PRN (as needed) basis for a maximum of two consecutive days. A check has been placed before each of the medications that may be administered.

- Acetaminophen 325mg 1-2 tabs or liquid equivalent, for headache, pain, menstrual cramps or fever >100.5
- Ibuprofen, 200mg 1-2 tabs, or liquid equivalent, for headache, pain, or menstrual cramps or fever >100.5
- Diphenhydramine 25mg, 1-2 tabs, or liquid equivalent for itching, rash or allergic reaction
- Non-narcotic cough suppressant/expectorant 2 tsp (10cc) for cough      Sugar free only
- Cough drops 1 lozenge, for sore throat (up to 10 drops per day)
- Pseudoephedrine HCL 30mg 2 tabs, for nasal congestion due to colds or sinusitis
- Alum/Magnesium Hydroxide liquid w/ simethacone 2 tbsp (30cc)
- Pepto Bismol 2 tbsp (30cc)      Simethicone 1-2 tabs after meals for gas (not to exceed 4 tabs per day)
- Milk of Magnesia 2 tbsp (30cc) followed by 8 ounces of water for constipation
- Kaopectate 2 tbsp (30cc) for diarrhea. One dose after each loose bowel movement for a maximum of 8 tbsp/24 hours
- Loperamide HCL liquid 4 tps (20cc) for first loose bowel movement and 2 tps (10cc) after each other loose bowel movements for a maximum of 8 tps (40cc) in a 24 hour period
- Visine eye drops or similar product 1-2 drops per eye for red, itchy eyes
- Bacitracin for minor abrasions      Triple Antibiotic Cream for minor abrasions
- Hydrogen Peroxide full strength for cleaning minor cuts and abrasions of the skin
- Betadine Solution full strength for wound disinfection, abrasions, emergency lacerations
- Dermoplast (spray) TID, for relief of minor burn discomfort      Blistex or  Vaseline for chapped lips
- Sunscreen SPF 30 or higher and/or  Insect Repellant (neither subjected to the two day limit)

Signature of licensed practitioner completing Health Exam Form: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone number: \_\_\_\_\_