CAMP GRACE BENTLEY
on the shores of Lake Huron

CAMPER PHYSICAL RECORD

To be filled out by child's Physician.
Please mail this form back to:

Camp Grace Bentley

c/o Anthony DeWolfe

2549 Taylor Drive

Kimball, MI 48074

Patient's Name_____

TO BE ANSWERED BY PHYSICIAN

HEIGHT_____

WEIGHT_____

BLOOD PRESSURE_____

S=Satisfactory X=Not Satisfactory O=Not Examined

EYES_____
EARS_____
NOSE_____
THROAT_____
TEETH_____
HEART_____
LUNGS_____
ALLERGY_____
PLEASE SPECIFY_____

ABDOMEN_____
EXTREMITIES_____
POSTURE_____
SKIN_____
ASTHMA_____
PARASITES_____
HERNIA_____

All shots are up-to-date Yes_____ No_____

MEDICATIONS:

All medications must be in the original container with the child's name and dosage amount. We can not deviate from these directions.

Please send the exact amount of medication needed for the entire session.

MEDICATION NAME _____
DOSAGE _____
TIME TAKEN _____

MEDICATION NAME _____
DOSAGE _____
TIME TAKEN _____

MEDICATION NAME _____
DOSAGE _____
TIME TAKEN _____

SEIZURES	Yes	No
EMOTIONAL/ BEHAVIORAL PROBLEMS	Yes	No
BOWEL/BLADDER	Yes	No

CATHETER _____Self _____Yes ___No_____

Assistance Yes_____No_____

RESTRICTIONS:

TO SWIM	Yes	No
STRENUOUS ACTIVITY	Yes	No

DIAGNOSIS_____

SPECIAL EQUIPMENT_____

PRECAUTIONS (Explain in detail)_____

RECOMMENDATIONS AND OTHER RESTRICTIONS WHILE AT CAMP_____
_____
_____
_____
_____
_____
_____
_____

GENERAL CONDITION OR APPRAISAL_____

I have examined the individual herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above, and is free from contagious diseases as specified above.

Name of Examining Physician_____ Date_____

Signature_____

Address_____

City_____ State_____ Zip_____

Telephone_____

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