

Session: _____
Session Dates: _____



Return to:
YMCA Camp Icaghowan
2125 E. Hennepin Avenue
Suite 100
Minneapolis, MN 55413-1763
Fax: 612-465-0559

Fax: 612-465-0559
Phone: 612-822-2267

YMCA Camp Icaghowan
Summer 2010
Health Exam Form

Parents: Have your Physician or Nurse Practitioner complete this form each year.

The information can be based on an examination done within the past two years (24 months prior to the start of the session).

Camper's Name: _____ **Date of Medical Evaluation:** _____
Date of Birth: _____

In my opinion, this person's condition **does does not** allow his/her participation in an active camp program.

Please describe any restrictions for participation: _____

Current treatment to be continued at camp (include current medications): _____

Explanation of any reported loss of consciousness, convulsion, or concussion: _____

This person is allergic to the following (food, medication, etc.): _____

Treatment for allergic response: _____

Any medically prescribed meal plan or dietary restrictions: _____

Any specific safety considerations (no top bunk, lifejacket required while swimming, weight camper can carry, necessary medications, etc): _____

Does this person have epilepsy? ___ Yes ___ No
 Is this condition able to be controlled by camper? ___ Yes ___ No
Does this person have diabetes? ___ Yes ___ No
 Is this condition able to be controlled by camper? ___ Yes ___ No
Does this person have asthma? ___ Yes ___ No
 Is this condition able to be controlled by camper? ___ Yes ___ No

Immunization History: Provide the month and year for each immunization or send print-out from Physician's office.

_____ Tetanus Booster _____ Hepatitis B
_____ Chicken Pox _____ MMR

Additional Parental or Doctor Notes: Include any other medical information that will assist us in making camp a positive experience. Attach additional paper if needed. _____

Physician or Nurse Practitioner Signature: _____
Clinic Name: _____ **Office Phone:** _____
Clinic Address: _____
Date of Form Completion: _____