

DIABETES YOUTH FOUNDATION OF INDIANA

CAMP HEALTH FORM

PART A: HEALTH HISTORY

Completed by Parent/Guardian

			//
	Please attach copy of immu		
**lf tetanus d	ate is not available, medical persor		inister
CURRENT & PAST MEDICAL H	ISTORY: CIRCLE ALL THAT APPL	Y	
Recent illness or infectious disease Asthma Frequent Ear Infections Seizure Disorder Heart Defect or Disease Hypertension Eczema Please give more information on a	Bleeding/Clotting Disorder Mononucleosis (in last 3 months) Joint Problems (knees, ankles) ADHD or ADD Fractures Frequent Headaches ny circled items:	Head Injury/Concussion Eating Disorder Diarrhea or Constipation Recent Hospitalization Sleep Walking Bed Wetting	Depression or Anxiety Autism Celiac Disease Hypothyroidism Hyperthyroidism Hearing Impairment Other (Note Below)
Allergies: If yes, does camper us	e a auto injector? YES NO		
Medication Name	Reason for Taking	Dose	Administration Time

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PART B: PRE-PARTICIPATION PHYSICAL

Completed by Primary Care Provider

Camper's Full Name					D	ate of Birth	.//
Date	of Physic	al:	(M	ust be wi	thin l	ast 12 months)	
Height (in.): _): Weig		eight (lbs.):	ght (lbs.):		_ BP:/_	
	Normal	Abnormal		Please 6	explain	any abnormalities:	
HEENT							
LUNGS							
HEART							
ABDOMEN							
MUSCULOSKELETAL							
NEUROLOGICAL							
SKIN							
OTHER							
Does patient have a history	of asthma	? YES	NO	If yes,	pleas	e attach current Asth	ma Action Plan
Does patient have a history	of allergie	s requiring e	pinephrine?	NO	YES	5 (Please explain)	
I have reviewed and agree w	vith Part A	: Health Histo	ory?	NO	YE	S (with the following o	exceptions/addition
Are there any medical restri	ctions to p	articipation	at camp?	NO	YE	S (Please explain)	
During the child's stay at cam endocrinologist, however if yo							
I approve of this child attend	ding Camp	Until a Cure	e. YES	NO	0		
Provider Signature:							
Provider's Printed Name:						Completed forms s into your camper's	
Address:				 -			ou may email to: DYFI.org
Phone:	F.	ax:					

This form must be completed and returned for camper acceptance.