2018 Physician Statement for *Catholic Charities Camp I Am Special*

All Physician Statements require the Physician's Medical Stamp, contact information, and *must* be MAILED OR FAXED directly from their office to 904.230.7465

BUDDY'S Name: ______________________ **Date of Birth:** ______________

Parent's/Guardian's Name: ______________________ **Doctor's Name:** ______________

Medical Diagnoses:

Primary: ______________________

Secondary: ______________________

Allergies: ______________________ ☐ No known allergies

Is this Buddy capable of participating in this camp?

Physically? Yes ___ No ____ Limitations: ______________________

Mentally? Yes ___ No ____ Limitations: ______________________

Diet/Nutrition: ☐Eats a regular diet

☐Has a medically prescribed meal plan or dietary restrictions as described here:

______________________.

Is this Buddy FREE of Communicable Diseases? ☐ Yes ☐ No

If No, Please Explain: ______________________

Date of Last Tetanus Shot and/or Booster? ______________________

Prescription Medications:

Name of medication ______________ Dosage ________ Frequency ____________

Name of medication ______________ Dosage ________ Frequency ____________

Name of medication ______________ Dosage ________ Frequency ____________

Name of medication ______________ Dosage ________ Frequency ____________

Please note: The Buddy will give her/his own medications, under supervision of the RN.

Physical Exam Done Today: ☐ Yes ☐No (if no, date of last physical: _________)

ACA accreditation standards specify physical exam within last 12 months.

TREATMENTS: If Buddy needs any Medical Treatments or Procedures while at camp, our *Medical Treatment and Procedure Protocol Form* needs to be faxed from the physician's office, as well. Includes inhalers and epi pens.

Procedure: ______________________ Frequency ______________

Procedure: ______________________ Frequency ______________

Physician Phone: ____________ Physician's Signature: ______________________ Date: ______________

Physician Office Stamp:	Healthcare Coordinator Stamp:

Charities Camp I Am Special

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