



# Camp St. Charles REQUIRED HEALTH FORMS CHECKLIST



Parents, please use this handy checklist to help you organize your child's health information and prepare everything that needs to be mailed to Camp.

**HEALTH FORMS ARE DUE ONE MONTH PRIOR TO YOUR CAMPER'S SESSION START DATE.**

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**ALL CAMPERS:**

- Complete **Annual Health Form.**  
*(available to complete online in ULTRACAMP or print .pdf version)*  
These pages must be completed annually by new and returning campers.  
Print a copy to take to your camper's physical exam.
- Attach or upload a copy of your current health insurance card, front and back.
- PHYSICIAN'S PHYSICAL**
  - Parents may use the Camp St. Charles form or another form with the same information
  - Must be completed and **signed by licensed medical personnel.**
  - Exam date must be present.
- Immunization Record** *(ONLY for campers who reside outside of the United States OR who are not enrolled in school OR have not received immunizations required for school attendance.)*

**TIME FRAME FOR VALID PHYSICAL EXAMS:**

**Camper has NO Medical concerns and NO Daily medication:**  
Exam date must be within  
**24 months**  
of Camp attendance

**Camper takes Daily medication and/or has a medical concern (asthma, etc.):**  
Exam date must be within  
**12 months**  
of Camp attendance

**RETURNING CAMPERS:** For campers with medical concerns and no medications, parents may request for us to pull the exam on file from the previous season. Requests must be submitted to the registrar by **May 1st.** **ALL CAMPERS MUST COMPLETE the annual health form annually.**

**HELPFUL HINTS:**

- In order to make check-in as efficient as possible and to allow our staff time to review forms, we **MUST** receive forms in advance.
- Uploaded forms are processed by camp staff and may take up to two weeks to be reflected as complete on your ULTRACAMP account.
- Forms should be submitted one each, no need to submit the forms multiple times, it creates a back log and slows our review process.

Name: \_\_\_\_\_

**PHYSICIAN'S PHYSICAL FORM \*Required for camp attendance\*  
Camp St. Charles**

Record of a valid physical exam is required for camp attendance. Parent may use a different form in place of this form, if the same information is provided. (exam date, physician's signature, blood pressure, height, weight, medications and general statement of health/eligibility to participate in an active summer program)

*This page must be completed by Licensed Medical Personnel*

**I examined this individual on \_\_\_\_\_ (date).** (Date of exam must be legible and **within 24 months** of camp attendance. Campers or Staff Members with any medical concerns must have an annual exam. **Camp St. Charles highly recommends an annual physical exam for all campers and staff members.**)

**Medications:**

Please list all over the counter and/or prescription medications being taken routinely.

Medications are given at 7:30-8am (breakfast), 11:45am-12pm (lunch), 5:30-5:45pm (dinner) and 8:30-9pm (bedtime/showers). Medication will be given at other times if medically necessary.

This person takes NO MEDICATIONS on a routine basis.

This person takes medication as follows: \_\_\_\_\_

\_\_\_\_\_

Note any medications typically taken but discontinued at camp:  NONE  LISTED BELOW:

\_\_\_\_\_

\_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

In my opinion, the above applicant  is  is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recommendations and Restrictions at Camp**

None  LISTED BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Licensed Medical Personnel: \_\_\_\_\_

Signature of Licensed Medical Personnel: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

<p><b>FOR CAMP USE ONLY:</b></p> <p>Parent/Guardian meeting with Camp Health staff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ initials of camp health staff.</p> <p>Updates/Additions to Health Form Noted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Required.</p> <p>Other Notes: _____</p> <p>_____</p>
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