

WEST COAST FENCING SUMMER SLEEP AWAY CAMP

PHYSICAL EXAMINATION: PHYSICIAN FORM

To be completed and signed by Physician to provide a health record with pertinent information that will help to serve the needs of this camper while attending the Los Angeles Fencing Summer Sleep Away Camp:

CAMPER'S NAME: _____

PARENT'S NAME: _____

IMMUNIZATION HISTORY

DTaP, DTP or TD Date _____ Date _____ Date _____ Date _____ Date _____ Polio Date _____
Date _____ Date _____ Date _____ Date _____ MMR Date _____ Date _____ Hemophilus
Influenzae type B Date _____ Date _____ Date _____ Date _____ Hepatitis B Date _____ Date _____
Date _____ Varicella Date _____ Date _____ Hepatitis A Date _____ Date _____
Other _____

MEDICAL EXAMINATION – To be filled out by licensed physician. Examination is acceptable when performed no more than 12 months prior to the end of camp. Code: S=Satisfactory X=Not satisfactory (Explain) O=Not examined

General Appearance _____
Height _____ Weight _____ Blood Pressure _____ Hgb. Test (Date) _____ Urinalysis (Date) _____
Posture & Spine _____ Throat – tonsils _____ Eyes _____
Vision _____ w/Glasses _____ Extremities _____ Heart _____ Ears _____
Hearing _____ Feet _____ Lungs _____ Skin _____ Nose _____
Teeth _____ Abdomen _____ Hernia _____
Genitalia _____
Neurological findings _____
Describe Abnormal Findings and/or Handicapping _____
Allergies: (Please specify) _____
Recommendations and restrictions while in camp.
Special diet _____
Special medicine by name _____
Is parent/guardian sending special medicine? _____
Activity Restrictions _____
General Appraisal _____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Los Angeles Fencing Summer Sleep Away Camp activities, except as noted above.

Examining Physician (Signature) _____

Physician's Name (Please Print) _____

Address _____ Telephone _____

Date of Exam _____

WEST COAST FENCING SUMMER SLEEP AWAY CAMP

ALLERGY EMERGENCY TREATMENT AUTHORIZATION FORM

To be completed and signed by Parent/Guardian to authorize emergency treatment for KNOWN Life

Threatening Allergies:

Camper's name: _____

Birth date: _____ Age: _____

Allergic to: _____

Symptoms Give Medication checked "X"*

Mouth: Itching, tingling, or swelling of lips, tongue, mouth	() Benadryl () EpiPen
Skin: Hives, swelling on face or extremities, itchy rash	() Benadryl () EpiPen
Gut: Nausea, abdominal cramps, vomiting, diarrhea	() Benadryl () EpiPen
Throat: Tightening of throat, hoarseness, hacking cough	() Benadryl () EpiPen
Lung: Shortness of breath, repetitive coughing, wheezing	() Benadryl () EpiPen
Heart: Thready pulse, passing out, fainting, pale, blueness	() Benadryl () EpiPen

If a food allergen has been ingested, but no symptoms () Benadryl () EpiPen

If a reaction is progressing (several of the above areas affected) () Benadryl () EpiPen

Medication Doses: Antihistamine (liquid diphenhydramine, Benadryl): Give ___ Teaspoon(s), ___ cc (___ mg) by mouth.
Epinephrine EpiPen [EpiPen ___ (___ mg) injected once into upper outer thigh.

Epinephrine injection may need to be repeated if the child's symptoms persist or get worse. Call 911 (or Ambulance service and phone number: _____) State that the child had a severe allergic reaction, and additional epinephrine does may be needed.

Additional contact information:

Allergist Name _____ Phone _____

Pediatrician Name _____ Phone _____

Parent Name (other contacts) and Contacts Numbers:

Name _____

Phone (1) _____ Phone (2) _____

Name _____

Phone (1) _____ Phone (2) _____

Other allergies, medication allergies, medical conditions _____ Approximate weight _____ lbs

DO NOT HESITATE TO ADMINISTER MEDICATION OR TAKE THE CHILD TO A MEDICAL FACILITY IF PARENTS CANNOT BE REACHED!

Parent Signature

Date

WEST COAST FENCING SUMMER SLEEP AWAY CAMP

AUTHORIZATION TO ADMINISTER MEDICATION TO CAMPER – Part 1 of 2

To be completed and signed by Parent/Guardian and reviewed by Camp Nurse – part 1 of 2:

Name of Camper: _____

Parent/Guardian Name: _____

Age of Camper: _____ Sex of Camper: _____ Home Tel: _____

Food/Drug Allergies: _____

Business Tel: _____ Emergency Tel: _____

Diagnosis (relevant to administration of medication) _____

Name of Licensed Prescriber: _____

Business Telephone: _____

Emergency Telephone: _____

Prescription Medication (one per form). Please see other side for over the counter meds:

Name of Medication: _____

Reason for taking Medication: _____

Dose to be given at camp: _____

Route of Administration: _____

Frequency: _____ Date Ordered: _____

Duration of Order: _____ Quantity Received: _____

Expiration of Medications Received: _____

Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water): _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications (to be sure no drug interactions) : _____

I hereby authorize Los Angeles Fencing Summer Sleep Away Camp to administer, to my child,

_____ the medication listed above.

Parent/Guardian Signature: _____ Date: _____

Received by (signature): _____ Date: _____

WEST COAST FENCING SUMMER SLEEP AWAY CAMP

AUTHORIZATION TO ADMINISTER MEDICATION TO CAMPER – Part 2 of 2

To be completed and signed by Parent/Guardian and reviewed by Camp Nurse – part 2 of 2:

Over-the-counter medications:

Check the med and sign below if you would like to give camp nurses/health supervisors permission to administer any of the below medications on an as needed basis at their discretion. The dosage will be according to guidelines listed on the container.

Acetaminophen (Tylenol) for headaches, muscles aches, or fever _____Y_____N_____

Ibuprophen (Advil/Motrin) for i.e. headaches, muscles aches, fever, menstrual cramps _____Y_____N_____

Benadryl (only in cases of hives/serious allergic reactions) _____Y_____N_____

Other _____

I hereby authorize Los Angeles Fencing Summer Sleep Away Camp to administer the medications circled Y above, to my child _____

Parent/Guardian Signature: _____ Date: _____

Please return completed and signed Medical Forms (4 pages) no later than July 15, 2020.

A copy of your health insurance card (both sides) is also required in order to attend camp.

**Mail: West Coast Fencing Academy
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