



THE ACHIEVEMENT CENTERS FOR CHILDREN
RECREATION DEPARTMENT
PHYSICAL EXAM REPORT

Date of Physical Exam
Date _____

Medical Personnel

This document is to be completed by a Physician, Advance Practice Nurse (APN), or Nurse Practitioner. Attach additional information if needed.

Participant Name: _____ Date of Birth: _____

Physical Exam done today: Yes _____ No _____ (If "No", date of last physical: _____)
Month/Date/Year
Physical exam must be within the last 12 months.

Allergies:
No Known Allergies No _____ Yes _____
To foods: No _____ Yes _____
To medications: No _____ Yes _____
To the environment (insect stings, hay fever, etc.) No _____ Yes _____
Other allergies: No _____ Yes _____
Please explain "Yes" answers in the space below:

Medical Treatments:
Is the participant currently undergoing any medical treatments? If yes, describe below. No _____ Yes _____
Are there any medical treatments the participant will need to be given at camp? If yes, describe below No _____ Yes _____

Prescribed Medications:
Is the participant taking any medications? Include over-the-counters and prescription medication.
[] NO daily medications are NOT taken.
[] YES, daily medications ARE taken
Please list the medications the participant takes daily including: medication name, dose, route, and frequency. Use the back of this form if more space is needed.
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Below is a list of the over-the-counter (OTC) / non-prescription medications that are commonly stocked in our health center, the recommended child and adult dose, route (how the drug is administered), frequency and the common symptoms the medication is used to treat. We may stock brand name or generic.

- NO**, the participant does not have my permission to take any non-prescription medication while at camp.
- YES**, the participant has my permission to take the following non-prescription medication, as needed, at camp.

Please **cross off** the non-prescription medication the participant **should not** be given.

Note: liquid preparations will be substituted, when available, for participants unable to swallow pills.

Medication	Adult Dose	Child Dose	Frequency	Symptoms Used to Treat
Acetaminophen (Tylenol)	325 mg tablets/capsules orally x 1-2 or 500 mg tablets/capsules orally x 1-2	Children's Suspension Liquid (160mg/5 mL) 24-35lbs = 5 mL 36-47lbs = 7.5 mL 48-59lbs = 10 mL 60-71lbs = 12.5 mL 72-95lbs = 15 mL	Adult: 325 mg tablets/capsules every 4-6 hrs as needed (do not exceed 3,000 mg in 24 hours) or 500 mg tablets/capsules every 6 hours as needed (do not exceed more than 6 tablets, 3,000 mg in 24 hour period) Child: Do not exceed more than 5 doses in 24 hours.	For headache, muscle aches, menstrual cramps, fever, aches/pains of cold or flu
Bismuth Subsalicylate (Pepto-Bismol)	525 mg = 2 TBSP (30 mL) liquid orally	Children 12 and older same dosing as adults	1 dose every hour as needed - not to exceed 4 doses (8 TBSP / 120 mL) in 24 hours	Nausea, heartburn, indigestion, diarrhea or upset stomach
		Children 11 and younger consult physician.		
Bug Spray	Spray on clothing per directions on product bottle. Apply to skin with a cotton ball/clean cloth or per directions on product bottle.	Spray on clothing per directions on product bottle. Apply to skin with a cotton ball/clean cloth only.	Apply to skin and clothing as needed per instructions on bottle.	To prevent bug bites
Calamine lotion	Apply to skin with a cotton ball	Apply to skin with a cotton ball	Apply as often as necessary throughout the day	Soothing and protecting the skin following minor skin irritations (itching, pain, and discomfort) including poison ivy, poison oak, and poison sumac
Chloraseptic	Spray one spray to affected area, allow to remain in place for 15 seconds and spit out	Can be used by children aged 3 and older. Children age 12 and younger should be supervised by an adult. Spray one spray to affected area, allow to remain in place for 15 seconds and spit out	1 spray every 2 hours as needed	Sore throat or mouth pain

Cough drops/throat lozenges	Take 1 orally, allow it to dissolve slowly in mouth.	Take 1 orally, allow it to dissolve slowly in mouth. Children under 3 ask doctor.	every 2 hours as needed	To suppress cough and/or soothe cough-irritated throat
Dextromethorphan	Liquid 30 mg orally	Liquid orally 6-12 years.: 7 mg (every 4 hours or 15 mg every 6 hours); 4-6 years (3.5 mg every 4 years or 7.5 every 6 hours); contact physician for 3 and younger	Adult: every 6-8 hours as needed Child: refer to specifics to left	Cough suppressant
Diphenhydramine (Benadryl)	25 mg tablets x 1-2 tablets orally	25mg tablets orally: 50-99lbs - 1 tablet 99+lbs 1-2 tablets 12.5 mg/5 mL liquid orally 38-49 lbs 7.5 mL , 50-99 lbs 10 mL , 100+ lbs 10-20 mL	Adults: Every 4-6 hours as needed, do not take more than 6 doses in 24 hours. Child: Tablets or liquid every 4-6 hours as needed, do not take more than 6 doses in 24 hours.	Runny nose, sneezing, itching of nose/throat, and/or watery eyes due to upper respiratory allergies; runny nose, sneezing associated with common cold; bee stings if localized swelling
Guaifenesin (Mucinex)	Immediate release formula 200-400 mg tablet(s) taken orally (not to exceed 2.4 g daily) or liquid orally	Immediate release liquid formula orally: children age 12+ take 100-400mg (not to exceed 2.4g in 24 hours); children age 6-12 take 100-200mg (not to exceed 1.2g in 24 hours);	Every 4 hours as needed not to exceed daily limits	Cough
Hydrocortisone (cream, ointment, lotion, gel)	0.5% or 1% applied to skin with gloved hand	0.5% or 1% applied to skin with gloved hand	as needed up to 4 times daily.	Provide temporary relief of (1) minor skin irritation, itching, and rashes caused by eczema, insect bites, poison ivy, poison oak, poison sumac, soaps, detergents, cosmetics, and jewelry; (2) itchy anal and rectal areas; and 3) itching and irritation of the scalp
Ibuprofen (Advil)	200 mg tablets or capsules x 1-2 orally with food	Liquid suspension 100mg/5mL orally: 36-47 lbs 7.5 mL; 48-59 lbs 10 mL; 60-71 lbs 12.5 mL 72-95 lbs 15 mL	6-8 hours as needed, do not take more than 4 doses in 24 hours. Take with food.	Headache, toothache, muscular aches, backaches, menstrual cramps, fever associated with cold/flu

Loperamide HCl 1mg (Imodium Multi-Symptom Relief)	1mg - 7.5 mL liquid orally; take 30 mL after first loose stool; 15 mL after each subsequent loose stool; but no more than 60 mL in 24 hours	1mg - 7.5 mL liquid orally; children 96 lbs+ follow adult dosing instructions; children 60-95 lbs take 15 mL after first loose stool; 7.5 mL after each subsequent loose stool; but no more than 45 mL in 24 hours; children 48-59 lbs take 15 mL after first loose stool; 7.5 mL after each subsequent loose stool; but no more than 30 mL in 24 hours	after each loose stool as needed (not to exceed maximum daily dosage)	Diarrhea
Neosporin	Ointment or cream applied to skin with gloved hand	Ointment or cream applied to skin with gloved hand	Apply 1 – 3 x daily	Treating and preventing infection due to minor cuts, scrapes, and burns
Phenylephrine (Sudafed PE)	tablets taken orally: 10 mg every 4 hours (maximum 60 mg in 24 hours)	liquid taken orally: 12+ follow adult dosing; 6-11 years 10 mL every 4 hours; 4-5 years 5 mL every 4 hours	Take every 4 hours, not more than 6 doses in 24 hours	Nasal Congestion (decongest)
Sunscreen	N/A	N/A	Apply to skin every 4 hours as needed	To prevent sunburn
Swim Ear Otic Drops	X 3-6 drops in one or both ears	X 3-6 drops in one or both ears	Every 6-8 hours prn	Complaint of water caught in ear canal after swimming

Section 2:

Seizure Data:

Does participant have a **history of seizures**: No: ____ Yes: ____ Date of last seizure: ____ Are seizures controlled? No ____ Yes: ____

Please fill out the seizure treatment plan for participant with seizures.

Seizure Treatment Plan:

Diazepam rectal gel (DIASTATE® AcuDial™) _____ mg rectally prn for:

- Seizure > _____ minutes OR for _____ or more seizures in _____ hour(s).
- Use VNS (vagal nerve stimulator) magnet: _____
- Other: _____
- Call 911 if [please check all that apply]:
 - Seizure does not stop by itself or with VNS within _____ minutes
 - Seizure does not stop within _____ minutes of administering Diazepam rectal gel (DIASTATE® AcuDial™)
 - Participant does not start to wake up within _____ minutes of administering Diazepam rectal gel (No (DIASTATE® AcuDial™) is given
 - Participant does not start to wake up within _____ minutes after seizure is over after administering Diazepam rectal gel (DIASTATE® AcuDial™) is given.
- Following a seizure [please check all that apply]:
 - Participant should rest in health center
 - Parents/Caregiver should be notified immediately
 - Participant may return to normal activity

**** For Persons with Down Syndrome****

Upon an examination this individual did not did reveal atlantoaxial instability or focal neurologic disorder.

Any additional comments regarding the participant's medical care?

- I certify, to my knowledge that this person **can** participate in supervised horseback riding, adapted sports, camp and other recreation activities. However, I understand that the Achievement Centers for Children will weigh the medical information above against the existing precautions and contraindications..
- I certify, to my knowledge that this person **cannot** participate in supervised horseback riding, adapted sports, camp and other recreation activities.

Name of Client: _____

Name of Licensed Provider (Print Please): _____

Signature (REQUIRED): _____

Address: _____

Phone: (_____) _____

Date (REQUIRED): _____