

HIGHBROOK LODGE PHYSICIAN FORM

(expires one year from date signed)

Physicians: This form is required for all campers attending Cleveland Sight Center's Highbrook Lodge. It should be completed based off of an exam performed within 12 months of arrival at camp. Please read this form thoroughly and complete to the best of your ability. We appreciate your time and diligence in completing this form.

-PLEASE PRINT CAREFULLY-

CAMPER'S NAME:

MALE FEMALE

DOB: ____ / ____ / ____

AGE:

DATE OF LAST TETANUS SHOT:

HEIGHT:

WEIGHT:

BLOOD PRESSURE: _____ / _____

PHYSICAL EXAM DONE TODAY:

YES NO

IF NO, DATE OF LAST PHYSICAL _____

(MONTH/DAY/YEAR)

MEDICAL DIAGNOSES CURRENTLY BEING TREATED FOR:

ALLERGIES (please list all allergies and their reactions below):

DIETARY RESTRICTIONS:

ACTIVITY RESTRICTIONS:

MEDICATIONS – AT LEAST ONE OF THE FOLLOWING BOXES MUST BE CHECKED AND COMPLETED.

The above named camper **will not** be taking any medications while at Highbrook Lodge.

I have attached separate sheet(s) indicating all medications the above named camper is to take while at Highbrook Lodge.

The above named camper is to take the following medications, as listed below, while at Highbrook Lodge:

Name of Medication

Dosage Amount

Time to Be Given

1.

2.

3.

4.

5.

6.

Highbrook Lodge is a residential summer camp for individuals with vision loss, including those with additional disabilities. Our campers spend several nights living in a community setting with their peers under supervision of our staff. Days are spent in programming including active, physical activities such as archery, canoeing, hiking, swimming and more. Our facility is located on 63 acres and includes hills and unpaved areas. We have a Registered Nurse on-site as well as staff trained in first aid and CPR. While we are able to serve a variety of campers Highbrook Lodge may not be a safe, healthy choice for all our applicants. Please use your professional judgment when indicating if the camper is physically/medically able to safely attend.

After reading the above and also reviewing the Camper Health History Form, I have discussed the camp program with the camper and/or their parent(s)/guardian(s). It is my opinion that the camper is physically, emotionally and medically able to attend and participate in Highbrook Lodge's programming (except as noted above).

Name of Licensed Provider (print): _____ Signature: _____ Title: _____

Office Address: _____

Telephone: (_____) _____ Date Completing Form: _____