

Office Use:

Cabin _____
Session Dates
From: ____/____/____
To: ____/____/____

Camp Foley

Medical Recommendation Form

Please return by May 1 to: Camp Foley 9303 Father Foley Drive Pine River MN 56474 FAX 218-543-4269

Parents/Guardians:

Have your physician or nurse practitioner complete this form to give our program a better understanding of your camper's health need(s). We rely on you to make that determination. This form is **required** by the MN Health Department, but its absence of completion will not limit participation in our program.

Physicians/Nurse Practitioners:

This child has enrolled in a summer residential program at Camp Foley. The program includes physical activity (i.e., tennis, swimming, soccer, waterskiing) and takes place in Minnesota's northern forest. Our health care staff will use your information to help meet the health needs of the child described. Please note that the main health care provider at Camp Foley is a registered nurse.

Camper Information
Name _____
Birth Date _____
Physician/Nurse Practitioner Information
Print MD/NP name _____
Address _____
City/State/Zip _____
Office Phone (_____) _____
Date this form was completed _____

This child is under the care of a physician for the following reason(s): _____

Describe the treatment(s) to be continued at Camp Foley for this child: _____

List prescription or over the counter medication(s) that this child should take while at Camp Foley (provide medical order for administration): _____

This person is allergic to: _____

Should exposure occur, how should the allergic reaction be treated? If this is an anaphylactic response, will the child bring an epinephrine device? _____

Describe significant physical findings regarding this child and/or describe any limitations which may impact his/her participation in our program: _____

All immunizations required for school are up to date including Tetnus (Month) _____ (Year) _____

We may have neglected to ask something you feel is needed to adequately address the health needs of this child. If that is the case, please add your comments.

Your signature: _____ **Date:** _____

Thank you for helping provide a successful experience for this camper!
Questions? Please call the Camp Foley office at: 218-543-6161