

**[REDACTED] (1783) 2018 Camper Medical profile**

Gender	Male
Age	15
Date of birth	10-09-2003
Bunking	Teen Weeklong Camp: Bay House 1, <i>No bunk</i>

**Primary parents**

Home address	[REDACTED]
Home phone	
Summer home address	
Summer home phone	

**P1: [REDACTED] (Father)**

Cell phone	[REDACTED]
Work phone	[REDACTED]

**P2: [REDACTED] (Mother)**

Cell phone	[REDACTED]
Work phone	[REDACTED]

**Emergency contact 1**

Name	[REDACTED]
Relationship	[REDACTED]
Phone number 1	[REDACTED]
Phone number 2	[REDACTED]

**Basic information**

Height	54 inches
Weight	140 lbs

**Restrictions**

Restrictions?	Yes
Restrictions notes	

**Doctor information**

Doctor name	Hilary Haines
Doctor phone	205-718-2994

**Orthodontist information**

Orthodontist name	
Orthodontist phone	

**Insurance**

Insured?	
Insurance provider	
Insurance provider phone	
Insurance group number	

**Divorced parents**

Home address	
Home phone	
Summer home address	
Summer home phone	

**D1:**

Cell phone	
Work phone	

**D2:**

Cell phone	
Work phone	

**Emergency contact 2**

Name	[REDACTED]
Relationship	Family Friend
Phone number 1	[REDACTED]
Phone number 2	[REDACTED]

**Diet information**

Diet type	Gluten Free
Diet notes	

**Dentist information**

Dentist name	Lewis Cole
Dentist phone	205-344-6900

Insurance policy number	
Insurance subscriber name	
Insurance subscriber DOB	00-00-0000

## Medications

Critical?	Name	Dosage	Reason for taking	How given	Start date	End date
	Calcium 600 mg	1 tablet	Brittle Bones	Oral	07-09-2018	07-14-2018
Deliveries:		Created: 05-09-2018 3:33pm				
• Bedtime		Received? Received by: Notes:				

Critical?	Name	Dosage	Reason for taking	How given	Start date	End date
	Ezetimbe	10mg	High Triglycerides	Oral	07-09-2018	07-14-2018
Deliveries:		Created: 05-09-2018 3:33pm				
• Bedtime		Received? Received by: Notes:				

Critical?	Name	Dosage	Reason for taking	How given	Start date	End date
	Hydrocortisone	10mg 3X per day	Adrenal Support	Oral	07-16-2018	07-09-2018
Deliveries:		Created: 05-09-2018 3:33pm				
• Breakfast • Afternoon • Bedtime		Received? Received by: Notes: Taken 3 times per day, usually 8am, 2pm, and 8am				

Critical?	Name	Dosage	Reason for taking	How given	Start date	End date
	lorazepam 2mg tabs	1.5 tabs q 8 hours	anxiety			
Deliveries:		Created: 07-09-2018 12:43pm				
• As needed		Received? Yes Received by: Notes:				

Critical?	Name	Dosage	Reason for taking	How given	Start date	End date
	melatonin	10mg				
Deliveries:		Created: 07-09-2018 12:42pm				
• Bedtime		Received? Yes Received by: Notes:				

Critical?	Name	Dosage	Reason for taking	How given	Start date	End date
	Omnitrope	1.7 Mg	Growth	Injection	07-09-2018	07-14-2018
Deliveries:		Created: 05-09-2018 3:33pm				
• Bedtime		Received? Received by: Notes: He can give the injection to himself.				

Critical?	Name	Dosage	Reason for taking	How given	Start date	End date
	Ranitidine	1/2 tab (75mg)	Reflux	Oral	07-09-2018	07-14-2018
Deliveries:		Created: 05-09-2018 3:33pm				
• Breakfast		Received? Received by: Notes:				

Critical?	Name	Dosage	Reason for taking	How given	Start date	End date
	Setraline	50mg	Anxiety	Oral	07-09-2018	07-14-2018
Deliveries:		Created: 05-09-2018 3:33pm				
• Bedtime		Received? Received by: Notes:				

Critical?	Name	Dosage	Reason for taking	How given	Start date	End date
	zofran	8mg				
Deliveries:		Created: 07-09-2018 12:41pm				
• As needed		Received? Yes				
		Received by:				
		Notes:				

## Allergies

Name	Type	Notes
None		

## Forbidden OTCs

Name	Notes
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## Immunization history

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Recent
Diphtheria, tetanus, pertussis * (DTaP) or (TdaP)						
Tetanus booster * (dT) or (TdaP)						
Mumps, measles, rubella * (MMR)						
Polio * (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella						
Meningococcal meningitis (MCV4)						

Had chicken pox?	No
Chicken pox date	
TB test date	
TB test positive?	

## General health history

Ever been hospitalized?	Yes	Ever had surgery?	Yes
Have recurrent/chronic illnesses?	Yes	Had a recent infectious disease?	No
Had a recent injury?	No	Had asthma/wheezing/shortness of breath?	No
Have diabetes?	No	Had seizures?	No
Had headaches?	Yes	Wear glasses contacts or protective eyewear?	No
Had fainting or dizziness?	No	Passed out/had chest pain during exercise?	No
Had mononucleosis (mono) during the past 12 months?	No	Have problems with periods/menstruation (if applicable)?	No
Have problems with falling asleep/sleepwalking?	No	Ever had back/joint problems?	Yes
Have a history of bedwetting?	No	Have problems with diarrhea/constipation?	No
Have any skin problems?	Yes	Traveled outside the country in the past 9 months?	No

General health history notes	Multiple hospitalizations for treatment/complications. Chronic illness now is adrenal insufficiency and brittle bones. Thin skin due to long term steroids (bruises easily, skin can tear easily). Multiple surgeries. 7 fractures in his spine in 2015, cement placed in three vertebrae.
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## Mental health history

Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?	No	Ever been treated for emotional or behavioral difficulties or an eating disorder?	No
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THIS PAGE TO BE COMPLETED BY PHYSICIAN  
Physician Recommendations and Restrictions at Camp

I examined Edward Fuller Goldsmith on 6/21/18  
Camper's full name date of most recent examination

Weight 66.3 Height 140.8 BP 101/55

If the camper is on therapy, please list current protocol number, phase and week as applicable.

If camper is off therapy, please list protocol number used for treatment and date therapy was completed.

If the camper is a sibling, please write not applicable.

S/p BMT November 2014

Last blood count if on therapy:

Date 6/21/18 Hgb 12.5 Hct 35.1 WBC 7.68 Platelets 207

Current physical and medical condition:

Excellent

Any medically-prescribed meal plan or dietary restrictions: NO

Description of any limitation, concern or restriction on camp activities: NONE

I hereby verify that the information on the above form and preceding forms concerning health matters and medications is correct. In my opinion, this child is able to participate in Smile-A-Mile's Year Round Programs.

Signature of Physician Helary Itz

Print Name Helary Itz

Date 6/21/18

Phone: (205) 638-6373