

FORMS

Accepted by/Initials

Today's Date: _____

Forms Needed:

- 3-5 Business Days **\$10.00**
- Within 48 Hours **\$25.00**

We will discard any forms that are not picked up after 2 months.

Patient's Name _____

DOB _____

Contact Name _____

Telephone Number to Notify Forms Ready _____

If patient is 18 years or older, please sign if you allow your parent to pick up these medical forms on your behalf: _____

FOR STAFF TO COMPLETE:

- Parent Portion is included and completed
- Parent's Portion Completed Online – If completed online...Answer medication questions on next line
- Parent—Did you authorize camp to administer medication to your child while at camp? (Y / N), Only if yes...
- Medication Form attached with medication and dosage completed

Sports Form: _____ **Date of Most Recent PE:** _____

Start date of Sport: _____

Is the last PE within 6 months of Sports start date? _____
 (If NO but less than 12 months, forward form and chart to doctor. Parent/patient will be contacted if the physician determines an exam is needed.)

On Howard County HS Pre-Participation Form, if any part of Questions 3, 5 and 7 are "YES", route form and chart to doctor to determine if separate exam is required for clearance.

Other Forms, check type

- | | |
|---|--|
| <input type="checkbox"/> Camp | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Day-care | <input type="checkbox"/> College |
| <input type="checkbox"/> Lead Addendum | |
| <input type="checkbox"/> Health Inventory | |

When form needs to be routed to a physician, please complete:

Date: _____ By: _____ To: **MM WM SL CM PL PM SB JM**

Physician Approval for staff to complete form

Date Paid _____

Payment Received By: _____ Amount: \$ _____

Payment Method: Cash Check # _____ VISA MC

~Please copy form for Billing Dept. if PAID in advance~