

# RONALD MCDONALD CAMP 2025

CAMP DATES: AUGUST 17-23

## SIBLING PHYSICAL

A physical exam must be completed by a physician/nurse practitioner within 12 months of attending camp. Please be sure your physician has signed this form and submit by May 1. Thank You!

Name \_\_\_\_\_

Date and site of previous surgeries: \_\_\_\_\_

Describe any physical/cognitive challenges and/or physical limitations/any restrictions to activity (include crutches, wheelchair, prosthesis): \_\_\_\_\_

Describe any allergies (type, reaction and management of reaction): \_\_\_\_\_

CHECK HERE IF YOUR CHILD TAKES NO MEDICATION ON A DAILY BASIS \_\_\_\_\_

### ORAL MEDICATION

Drug Name & Strength	Dosage	Frequency	Reason for Taking

### SUBCUTANEOUS(SQ)OR INTRAMUSCULAR (IM) INJECTION

Drug Name & Strength	Dosage	Route	Frequency	Reason

### STRESS DOSE STEROID PLAN

Drug Name & Strength	Dosage	Route	Frequency	Reason

## RMC 2025 SIBLING PHYSICAL

**PHYSICAL EXAMINATION** Please have your physician/nurse practitioner fill this section out completely. It is required that all sibling applicants have a physical exam within 12 months of attending camp.

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Heart Rate: \_\_\_\_\_

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System	Normal	Abnormal/Please explain
General		
HEENT		
Neck		
Lungs		
Heart		
Abdomen		
Neuro		
Skin		
GU		
Musculoskeletal		

Other Comments: \_\_\_\_\_

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**Doctor's/Nurse Practitioner's Statement:** The patient above is physically able to engage in camp activities, including but not limited to lake, pool, high/low ropes course, and activities in a natural environment, except for physical/cognitive challenges and restrictions listed above.

NP/ MD Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

You have 2 options to return this form:

1. Scan and upload to your application.
2. Email to [camp@rmhcphilly.org](mailto:camp@rmhcphilly.org)