



MALIBU BEACH CAMP - PHYSICIAN'S REPORT 2026



This form must be completed by parents. Physician must attach a completed immunization form or school health exam form.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Parent/ Guardian #1: _____ **Emergency Contact #1:** _____

Parent/ Guardian Phone #: _____ **Relationship:** _____ **Phone #:** _____

Parent/ Guardian #2: _____ **Emergency Contact #2 :** _____

Parent/ Guardian Phone #: _____ **Relationship:** _____ **Phone #:** _____

*** The Health Department requires that a physical exam was completed no more than a year prior to the last day of camp 8/21/26.**

Important Information we need to know

Date of Last Physical Exam: _____

Is the Camper able to participate in active camp program: YES NO

If so what is the camper being treated for: _____

Is Camper under the care of a physician: YES NO

Current Treatment (Medications): _____

Any reported loss of consciousness, convulsion or occussion: YES NO

Allergies: YES NO

If yes, how is allergy treated?: _____

Cardiovascular Conditions: YES NO

Respiratory Conditions: YES NO

Gastrointestinal Conditions: YES NO

Neurological Conditions: YES NO

Orthopedic Conditions: YES NO

Medications to be administered at Camp: YES NO

Psychological Conditions: YES NO

Anything we have neglected to ask, something you feel is needed to adequately address the health needs of this child. Please list below:

PRN Over The Counter Medications:

PRN medications are over-the-counter medications that can be administered by camp medical personnel if approval is indicated by a camper's parent. Administration, dosage, and schedule of the following medications will be determined based on the manufacturer's instructions as appropriate for the camper's age, weight, etc. Unless otherwise specified on the form, generic equivalents of the following medications may also be given. Please indicated if we have permission to use the following:

Bacitracin/ Neosporin YES NO _____ Rubbing Alcohol YES NO _____

Hydrocortisone Cream YES NO _____ Benadryl Itch Stopping Gel YES NO _____

Saline/ Eye Wash YES NO _____ Calamine Lotion YES NO _____

Hydrogen Peroxide YES NO _____

Guardian/Parent's Signature: _____ Date: _____

*****PLEASE COMPLETE AND RETURN TO THE CAMP OFFICE BY MAY 1st*****