



**CALIFORNIA MINI-CORPS  
HEALTH PRACTITIONER RATING FORM**

CAMP PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTH PRACTITIONER: \_\_\_\_\_ TEAM: \_\_\_\_\_

<b>Rating: 5 = Excellent 1 = Poor</b>	<b>4 = Good N/O = Not Observed</b>	<b>3 = Meets Standards</b>	<b>2 = Needs Improvement</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
1.	Reviews the medical forms and informs the camp principal about potential / unique health conditions of camp participants.								
2.	Administers first aid to children when then are injured.								
3.	Works with children when they are not feeling well or are homesick / crying, etc.								
4.	Is always under the supervision of the camp principal and must always consult with the camp principal when a decision is made regarding a child's health status.								
5.	Is fully aware that the camp principal makes the decisions as to what measures will be taken if a child is ill or injured.								
6.	Is available to make first aid or health presentations to the children.								
7.	Assists in such tasks deemed necessary by the camp principal.								
8.	Is an integral part of the camp team.								
9.	Stores and administers prescribed and parent approved medication at the prescribed times.								
<b>1. Overall Rating for Health Practitioner</b>									

Explain the reasons you rated the Health Practitioner at this level. Be specific. Give commendations and recommendations.

I recommend this person be rehired as a Health Practitioner for the Outdoor Education Program: YES  NO

\_\_\_\_\_ DATE

CAMP PRINCIPAL SIGNATURE

\_\_\_\_\_ DATE

HEALTH PRACTITIONER SIGNATURE