



2020 Camper Medical Information

Return form ASAP

SIDE A: TO BE COMPLETED BY PARENT

Please Note: No camper will be permitted to attend Camp until this form is completed in full!

Camper: _____

HEALTH INFORMATION: to be completed by parent or guardian

Is your child in normal good health? Yes No

Are there any restrictions from activity? Yes No

If Yes, Specify _____

Does your child have any allergies/seizures/ hypersensitivities? Yes No

If Yes, Specify _____

Does your child receive medication for allergies/seizures/hypersensitivities or any other reason? Yes No

If Yes Please Specify _____

Is your child recommended for complete, normal activities? Yes No

If No - Please Specify _____

Pediatrician Name: _____ Phone: _____



Relationship _____ Date _____

EMERGENCY TREATMENT RELEASE: to be completed by parent or guardian

In the event the parent(s) or guardian(s) of my child cannot be reached during a medical emergency, I give permission for the physician listed above to direct the treatment given to my child. Should that physician not be available during a medical emergency, I give permission for the physician chosen by Purchase Day Camp to direct the treatment given to my child.



Relationship _____ Date _____

OTHER PROVIDERS: (Allergist, E.N.T., Psychologist, Orthopedist, Dermatologist, etc.)

Name: _____ Phone: _____ Specialty: _____

Name: _____ Phone: _____ Specialty: _____

Name: _____ Phone: _____ Specialty: _____

OPTIONAL SIGNATURES

SUNSCREEN PERMISSION: to be completed by parent or guardian - optional

I consent to have my camper use sunscreen she/he has brought to camp, which is FDA approved for over-the-counter use to avoid overexposure to the sun. My camper may be assisted by unlicensed camp staff if she/he requests.



Relationship _____ Date _____

INSECT REPELLENT PERMISSION: to be completed by parent or guardian - optional

I consent to have my camper use insect repellent she/he has brought to camp. My camper may be assisted by unlicensed camp staff if she/he requests.



Relationship _____ Date _____



SIDE B: TO BE COMPLETED BY PHYSICIAN

Note: If your doctor provides you with a different examination form, staple it to this page.

Camper: _____

Exam Date: ____ / ____ / ____

Is the camper in normal good health? Yes No

Are there any restrictions from activity? Yes No

If Yes, Specify _____

Does the camper have any hypersensitivities/allergies/seizures disorder? Yes No

If Yes, Specify _____

Does the camper receive medication for hypersensitivities/allergies/ seizures or any other reason? Yes No

If Yes, Please Specify _____

Is the camper recommended for complete, unrestricted activities? Yes No

If No, Please Specify _____

PHYSICAL EXAMINATION

(Blank if Normal)

PAST MEDICAL HISTORY

(Blank if Normal)

Skin _____

Eyes _____

Ears _____

Nose _____

Heart _____

Lungs _____

Other _____

IMMUNIZATION RECORD

The Department of Health has indicated that they want to require MMR for all campers. As of May 1, 2020, that is not the law but they may enact it before camp begins. Please make every effort to have your child immunized in case they surprise us with this requirement this year.

	Initial	Booster
Measles Vaccine	_____	_____
Mumps Vaccine	_____	_____
Rubella Vaccine	_____	_____
MMR	_____	_____
Hepatitis B	_____	_____
Diphtheria	_____	_____
Other	_____	_____

	Initial	Booster
Polio Vaccine	_____	_____
Tuberculin Test	_____	_____
Tetanus Toxoid	_____	_____
Hib Vaccine	_____	_____
Varicella (Chicken Pox)	_____	_____
DTP	_____	_____
Other	_____	_____

**Doctor's
Signature**

_____ Date _____
Required if using this form instead of Doctor's Form