



I just LOVE it here!

FORM# 1A

2022 Camper Medical Information

Return form by May 1st

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 _____

Has your child been vaccinated for COVID - 19? Yes No If Yes, include a copy of your child's CDC Card

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: _____

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

	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	_____	_____
COVID-19	_____	_____

**Doctor's
Signature**

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