Medical Information

PART 1

Gender M ❑ F ❑

Camp Enrolled in _____

Camper's Full Name _____ DOB _____
Month / Day / Year

Address _____

Home Phone _____ Emergency Phone _____

Doctor's Name & Phone # _____

PART 2

Please indicate any condition which might effect this child's performance at summer camp or any condition of which the staff should be aware: medical treatments, special requirements as to diet, rest, allergies, avoidance of certain activities or other care.

Recommendations:

PART 3

Child's Name _____ Date of Last Physical _____

❑ Measles _____ ❑ Mumps _____ ❑ Rheumatic Fever _____ ❑ Epilepsy _____

❑ Chicken Pox _____ ❑ Scarlet Fever _____ ❑ Otitis Media _____ ❑ Heart Disease _____

❑ Whooping Cough _____ ❑ Poliomyelitis _____ ❑ Convulsions _____ ❑ Pneumonia _____

❑ Hernia _____ ❑ Diabetes _____ ❑ Physical Handicaps _____ ❑ Allergies _____

❑ Developmental Challenge _____

PART 4

VACCINE TYPE	DISEASE M/D/Y	1ST DOSE M/D/Y	2ND DOSE M/D/Y	3RD DOSE M/D/Y	4TH DOSE M/D/Y	5TH DOSE M/D/Y	M/D/Y
DIPHTHERIA, TETANUS, PERTUSSIS (DTP) If Td, DtaP or DT* indicate in corner box							
POLIO ORAL POLIO VACCINE (OPV) If Salk Vaccine, indicate IPV in corner box							
MEASLES, MUMPS, RUBELLA (MMR)							
MEASLES					Measles Serology	Date:	
RUBELLA					Rubella Serology	Date:	
MUMPS					Mumps Serology	Date:	
HAEMOPHILUS B (HIB)**							
HEPATITIS B***							
OTHER, SPECIFY							

PART 5

Parent's Authorization: Medical history is correct and complete. My child is current regarding all required children's immunizations. I know of no reason to restrict campers activities and give permission for participation in all activities, except as specifically noted, herein. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure treatment for and to order injections, anesthesia or surgery for my child as named above. Continuous efforts will be made to contact the parent/guardian.

Signature of Parent / Date _____

The above named child has been given a routine medical examination and has been found to be free of infectious or contagious diseases by our Pediatrician.

Signature of Parent / Date _____