

YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS AND STAFF

- Camper
 Staff

Please Bring Completed Form to Camp
(Campers will not be allowed to participate without completed form)

Name _____ Date of Birth _____ Phone _____

Guardian _____ Address _____

Emergency Contact _____ Phone _____

Camp Site _____ Camp Date _____

Insurance: _____ Policy #: _____ Group #: _____

I give permission for full participation in SGA/CSS program, subject to limitations noted herein:

In Case Of Emergency: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child as named above.

Name: _____ Date: _____ Signature: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam _____

_____ May participate in all camp activities

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription medication? __YES __NO

 If yes, is the medication being sent with the individual? __YES __NO

 If yes, indicate prescription: _____

Does the individual have allergies? __YES __NO Explain: _____

Is the individual on a special diet? __YES __NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Date		Date
Measles		Hepatitis B	
Mumps		Diphtheria	
Rubella		Pertussis	
Chickenpox		Polio	
Tetanus			

Comments: _____

Print name of medical care provider: _____ Signature of Physician, APRN or PA: [_____]

Medical care provider's address: _____ City: _____ State: _____ Zip: _____

Date Form Signed: [_____] Telephone Number: [_____]