



# YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS AND STAFF

- Camper
- Staff

**Please Return Completed Form to Camp**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Arrival at Camp: \_\_\_\_\_

\_\_\_\_\_ 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, 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:

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of medical care provider: \_\_\_\_\_

Phone number of medical care provider: \_\_\_\_\_

Medical care provider's address: \_\_\_\_\_

Medical care provider's: City/Town \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Date Form Signed

\_\_\_\_\_  
Telephone Number