



CAMPER PHYSICAL FORM

Camper Name: _____ Date of Birth: _____

Parent/Legal Guardian: Please complete the camper's name and date of birth above and provide this form and a copy of the camper's completed Health Information Form to your child's physician.

Physician: Please review the camper's Health Information Form and complete remaining sections on this form. Attach a separate sheet if necessary.

Date of physical exam: _____

Is the camper undergoing any medical treatment at this time? No Yes – Please describe:

Will the camper need to take any prescribed medication while at camp? No Yes – Please give name, dose, frequency and reason for each medication:

Does the camper have any allergies? No Yes – Please describe:

Does the camper require a special diet? No Yes – Please describe:

Has the camper undergone any surgeries or hospitalizations? No Yes – Please describe:

Does the camper have any medical or health conditions which may require limitations or restrictions while at camp? No Yes – Please describe: _____

Please attach camper's immunization history, including date of last tetanus shot

"I have completed the child's physical and have discussed the camp program with the camper's parent/legal guardian. It is my opinion that the camper is physically and emotionally fit to participate in an active camp program, except as noted above, if applicable."

Signature of Camper's Physician _____ Date _____

Physician Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____