



**RESIDENTIAL CAMP 2016 HEALTH FORM**

<b>CAMPER INFORMATION</b>	
First name:	Last name:
Gender:	Date of birth:
Street address:	Town, state, ZIP:
<b>EMERGENCY CONTACT INFORMATION</b>	
Father's name:	Father cellphone:
Mother's name:	Mother cellphone:
Alternate contact 1 name:	Contact 1 cellphone:
<b>ATTENDANCE INFORMATION</b>	
Date of camp arrival:	Departure date:

<b>TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER</b>			
Camper may participate in all camp activities? (Y/N)			
Camper may participate except for (describe):			
Is this individual taking prescription or over-the-counter medications? (Y/N) If yes, please list.			
Does the individual have allergies? (Y/N) If yes, please describe.			
Is the individual on a special diet? (Y/N) If yes, please describe.			
Does the individual have special needs? (Y/N) If yes, please describe.			
This camper 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 of administration:		Date of administration:
Measles:		Hepatitis B:	
Mumps:		Diphtheria:	
Rubella:		Pertussis:	
Chickenpox:		Pneumococcal conjugate:	
Tetanus:		Polio:	

Additional comments or medical information pertinent to routine care and emergencies:

Name of medical provider (print):

Medical provider's address and phone:

Signature of physician (PA, APRN or RN)

Date form signed: