Medical Examination Form

ne of Camper		Date of Birth	Sex: Cam	p Session Dates:	
stodial Parent/Guardian Name			Pho	ne: ()	
		E RECOMMENDATIONS	BY LICENSED MED	ICAL PERSONNEL	
mined the above camp partion is able to fully participate; is able to participate with the is not able to participate in a	e limitations detailed be		above applicant (choose on	e)	
to of most recent physicals		Maight ihe Height	ft in Dies	ad Draceura /	
e of most recent physical:			_πin Bioc	od Pressure/	
reatment to be continued at	camp:				
edications to be administere		T	1	ı	1
lame of Medication	Date Started	Reason for taking	When it is given	Amount of dosage	How it is given
			Breakfast Lunch Dinner Bedtime		
			Other		
			Breakfast Lunch Dinner Bedtime		
			Other		
			Breakfast		
			Lunch Dinner		
			Bedtime		
			Other		
			Breakfast		
			Lunch Dinner		
			Bedtime		
			Other		
ny medically-prescribed mea	l plan or dietary restricti	ions:			
nown allergies:					
escription of any limitation o	r restriction on camp ac	tivities:			
dditional information for hea	Ith care staff at the cam	p:			
Check this line if further do re reviewed the camper's hed d above.		d. my opinion that the camper is	s physically and emotional	lly fit to participate in an ac	rtive camp program (excep
		Printed Name	 		
ature of Licensed Medical P	ersonnei	Printed Name	Date	_	
		Printed Name			