

CAMPER/STAFF HEALTH FORM

INSTRUCTIONS

PART 1 of this form must be filled out and signed by the minor child's parent/guardian or the adult staff person.

PART 2 must be filled out and signed by a licensed health care provider (MD/APRN/PA). The Required Physical Exam must be completed within 2 years prior to the first day of camp.

Once both parts are completed, they must be returned together to the camp office by the parent/guardian or staff member. If this individual will require medication at camp, you must fill out a medication authorization form. This form is available for download on our website or we can fax or email it to you as well.



PART 1—to be filled out by minor child's parent/guardian or by adult staff member

Full Name _____ **Check one: CAMPER** **CIT** **STAFF**

Address _____

Date of Birth _____ Age _____ Grade Entering in Sept _____ Gender _____

1st Custodial Parent Name _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell/Pager _____

2nd Custodial Parent Name _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Emergency Contact (other than Parents/Guardians listed above)

Contact Full Name _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell/Pager _____

CURRENT HEALTH DATA

List specific allergies and treatment _____

Dietary restrictions or needs _____

Illnesses and medical treatment _____

Other special needs—physical, mental or psychological _____

Preferred Hospital _____

Regular Physician _____ Phone _____

The health history in Part 1 is correct so far as I know, and my child has permission to engage in all camp activities except as noted. **AUTHORIZATION FOR TREATMENT:** I give permission for my child to be treated in accordance with the standing orders as signed by the camp Physician. In the event that I cannot be reached in an emergency, I give permission for my child to be transported to a medical facility for treatment.

Signature of camper parent or guardian or adult staff person

Date

CAMPER/STAFF HEALTH FORM—High Meadow Day Camp

PART 2—to be filled out and signed by a licensed health care provider (MD/APRN/PA)

Full Name of Camper or Staff Member _____

Date of most recent exam _____ Height _____ Weight _____ Blood Pressure _____

After examination and my review of this individual's health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below:

Any restriction of activities: _____

Any dietary restrictions or needs: _____

Any allergies or additional health information: _____

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

	YES	NO		YES	NO
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus (Date of)			Pneumococcal		

Licensed Health Care Provider's Signature (MD/APRN/PA)

_____ Date _____

Address _____ Phone _____

Part 1 must be completed and signed, then Part 2 must be completed and signed by a licensed health care provider. Both parts must be sent together to the camp office by 11:59pm on the day before camp.

**High Meadow Day Camp
14 Lindsay Circle
North Granby, CT 06060**

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