



High Meadow Day Camp Health Form

To be filled out and signed by a licensed health care provider (MD/APRN/PA)

Full Name of Camper/CIT/Staff Member _____ Date of Birth _____

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 _____

This form must be completed and signed by a licensed health care provider. Please upload to the online parent portal once completed.

**High Meadow Day Camp
PO Box 338
Cheshire, CT 06410**

**High Meadow Day Camp
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