FORM#1A

2017 Camper Medical Information

Return form by May 1st

SIDE A: TO BE COMPLETED BY PARENT

Please Note: No camper will be permitted to attend Camp until this form is completed in full!

Camper: _____

HEALTH INFORMATION: to be completed by parent or guardian

Is your child in normal good health? ☐ Yes ☐ No

Are there any restrictions from activity? ☐ Yes ☐ No

If Yes, Specify_____

Does your child have any allergies/seizures/ hypersensitivities? ☐ Yes ☐ No

If Yes, Specify_____

Does your child receive medication for allergies/seizures/hypersensitivities or any other reason? ☐ Yes ☐ No

If Yes Please Specify_____

Is your child recommended for complete, normal activities? ☐ Yes ☐ No

If No - Please Specify_____

Pediatrician Name: _____Phone:_____

Sign Here _____ Relationship _____ Date _____

EMERGENCY TREATMENT RELEASE: to be completed by parent or guardian

In the event the parent(s) or guardian(s) of my child cannot be reached during a medical emergency, I give permission for the physician listed above to direct the treatment given to my child. Should that physician not be available during a medical emergency, I give permission for the physician chosen by Purchase Day Camp to direct the treatment given to my child.

Sign Here _____ Relationship _____ Date _____

SUNSCREEN PERMISSION: to be completed by parent or guardian - optional

I consent to have my camper use sunscreen she/he has brought to camp, which is FDA approved for over-the-counter use to avoid overexposure to the sun. My camper may be assisted by unlicensed camp staff if she/he requests.

Sign Here _____ Relationship _____ Date _____

OTHER PROVIDERS: (Allergist, E.N.T., Psychologist, Orthopedist, Dermatologist, etc.)

Name: _____Phone:_____Specialty: _____

Name: _____Phone:_____Specialty: _____

Name: _____Phone:_____Specialty: _____

*** Please Have Physician Complete Reverse Side ***

Day Camp PURCHASE Community House
I just LOVE it here !

FORM#1B

SIDE B: TO BE COMPLETED BY PHYSICIAN

Note: If your doctor provides you with a different examination form, staple it to this page.

Camper: _____ Exam Date: ____ /____ /____

Is the camper in normal good health? ☐ **Yes** ☐ **No**

Are there any restrictions from activity? ☐ **Yes** ☐ **No**

If Yes, Specify_____

Does the camper have any hypersensitivities/allergies/seizures disorder? ☐ **Yes** ☐ **No**

If Yes, Specify_____

Does the camper receive medication for hypersensitivities/allergies/ seizures or any other reason? ☐ **Yes** ☐ **No**

If Yes, Please Specify_____

Is the camper recommended for complete, unrestricted activities? ☐ **Yes** ☐ **No**

If No, Please Specify_____

	PHYSICAL EXAMINATION (Blank if Normal)	PAST MEDICAL HISTORY (Blank if Normal)
Skin		
Eyes		
Ears		
Nose		
Heart		
Lungs		
Other		

IMMUNIZATION RECORD

	Initial	Booster		Initial	Booster
Measles Vaccine			Polio Vaccine		
Mumps Vaccine			Tuberculin Test		
Rubella Vaccine			Tetanus Toxoid		
MMR			Hib Vaccine		
Hepatitis B			Varicella (Chicken Pox)		
Diptheria			DTP		
Other			Other		

Doctor's Signature _____ Date_____

Required if using this form instead of Doctor's Form

*** Parents: Please Complete Reverse Side ***