

Medical Information Form

A Doctor's visit is not required to complete this form. You can:

1. Fill it out yourself (fill it out online, then print & sign), and attach a copy of the immunization record;
2. Print out this form and forward to your Doctor to fill out then return to us; or
3. Send us your Doctor's own form including the immunization record

Camper's Name:

Sex: Male Female

Food Allergies:

Drug Allergies:

Allergic conditions:

Date of Birth:

Parent's Name:

Email Address:

Immunizations(Please give dates)

DPT:

Sabin Polio:

Measles:

Mumps:

Rubella:

Hepatitis B:

Varivax:

MMR:

HIB:

Tuberculin Test:(within 12 months)

Hayfever:

Asthma:

Is there any physical, emotional or health problem of which the camp should be informed?

Is the camper currently under medical treatment? If yes, please specify:

Please give any information you may have that may be of use to the camp:

Physician's Signature:

Address:

Telephone:

Date of Physical Examination: