

YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS AND STAFF

Physical Exams are Valid for 3 Years From Date of Last Examination

LAST NAME:

Camper Staff

State of Connecticut, Department of Public Health
Division Community Based Regulation
1-800-282-6063; (860) 509-8045

Name: _____ Date of Birth: _____ Phone: _____

Guardian: _____ Address: _____

Emergency Contact: _____ Telephone: _____

Date of Arrival at Camp: _____ Departure Date: _____

Parent or Guardian Authorization (required for all persons under age of 18) This health history is correct so far as I know, and the person named above has permission to participate in all camp activities except as noted by me or the examining physician. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia for surgery for the person named above.

Parent Signature: **X** _____ Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER: DATE OF EXAM: _____

May participate in all camp activities
 May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription medication? Yes No
 If yes, indicate prescription: _____

Does this individual have allergies? Yes No Explain: _____

Is the individual on a special diet? Yes No Explain: _____

This camper/staff is up-to-date on 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					

FIRST NAME:

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's City/Town: _____ State: _____ Zip Code: _____

Signature of Physician, APRN or PA: **X** _____

Date Form Signed: _____

MAIL OR BRING COMPLETED FORM TO THE CAMP OFFICE ON OR PRIOR TO THE FIRST DAY OF CAMP

YMCA CAMP INGERSOLL

Northern Middlesex YMCA, 99 Union Street, Middletown, CT 06457