

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**

Physical exams are valid for 3 years from date of last examination

Camper

Return Completed Form to ASAP! by July 1, 2018

Staff

We prefer forms be **mailed** to: ASAP!, P.O. Box 15, Washington Depot, CT 06794
Forms may also be faxed to: Washington Montessori, Attention ASAP! SUMMER CAMP, 860-868-1362

Name _____ Date of Birth _____ Phone _____

Guardian(s) _____ Address _____

Emergency Contact _____ Phone _____

Date of Arrival at Camp _____ Departure 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 or over the counter medication(s)? YES NO

If yes, indication names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

REQUIRED: IMMUNIZATION HISTORY MUST BE ATTACHED

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

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

Signature of Physician, PA, APRN or RN

Date Form Signed

Telephone Number