



Camper Health Information

Section 1: To be completed by parent or guardian (use back or second sheet if necessary).

Camper's Name _____ DOB _____

Camper's Doctor & Phone _____

Section 2: To be completed by Camper's Physician

I have examined _____ (camper's name) on _____ (date) and found him/her to be in _____ health.

Date of last Tetanus Booster _____

Should the camper be permitted to participate in sports? Yes No

If No, please explain: _____

List any surgery or fractures in the last three years: _____

List any allergies or reactions to foods, bee stings, medications: _____

Does the child have asthma, a vision issue, or use an epi-pen, inhaler, or other medication? Yes No

If yes, please explain: _____

Is there anything else you would like to share about the child? _____

Does the child have any restrictions we should be aware of? Yes No

If yes, please explain: _____

Physician's Name (Printed) _____

Physician's Signature _____

Physician's Phone _____ Date _____