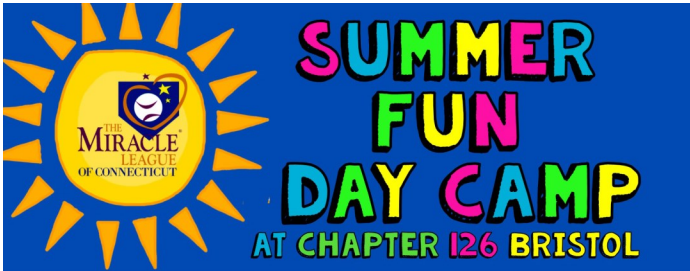


THIS FROM IS FOR:
 CAMPER
 STAFF



**SUMMER FUN DAY CAMP HEALTH EXAM / RECORD
 FOR CAMPERS AND STAFF**

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

Please return this form prior to your attendance at camp

mail to:

Summer Fun Day Camp
 Chapter 126
 47 Upson St. Bristol, CT 06010

NAME _____ DATE OF BIRTH _____ PHONE _____

GUARDIAN _____ ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

SESSIONS ATTENDING (PLEASE CHECK ALL THE APPLY)

- session 1 Sports of All Sorts June 24-28
- session 2 Music Week July 1-5
- session 3 Everyone is an Artist July 8-12
- session 4 Weird Science July 15-19
- session 5 Shake, Rattle & Roll July 22-26
- session 6 We're Putting on a Show July 29-August 10
- session 7 The Summer Games August 12-16

ALL INFORMATION BELOW IS TO BE COMPLETED BY YOUR HEALTH CARE PROVIDER

Camper or Staff person's name _____ **DATE OF EXAM** _____

May participate in all camp activities YES NO If no is checked please list any restrictions or exceptions

Does the individual above have any known medical or emotional illness or disorder that poses a risk to other children or which affects the individual's functional ability to participate safely in a youth camp? YES NO
 If yes please explain _____

Medications will not be administered by camp staff - are there any prescription or over the counter medications that the individual will need to take during camp hours (daily 1-4pm)? YES NO If yes please list _____
Parents must make arrangements to administer if necessary

Please list any diagnosed disabilities, allergies or special health care or dietary needs for the individual

Note: If the camper has a special health care need or disability that requires special care be taken or provided during the hours that the individual is at camp, an individual plan of care shall be developed with the parents and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and must be signed by the parent and staff responsible for the care of the camper.

If the camper is school aged or younger, have they been immunized in accordance with the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes YES NO

Please list any additional comments that you deem important for staff to know _____

Printed Name of Health Care Provider _____

Address _____ Phone _____

Signature of Physician, PA, APRN or RN _____ Date _____