Sanford Day Camps

Email: info@sanfordcamps.com **Fax: 610-565-4764**

Page 1 to be completed by parent of camper and checked with physician at time of examination. Page 2 is the Physician's Medical Examination: To be filled out by a licensed physician. This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Name ______________________________ Date of Birth _______ Sex _____ Age ____

Parent or Guardian ____ Home Phone _____________

Address ____ Work Phone _____________

City, State, Zip ____ Cell Phone _____________

ALLERGIES		**HEALTH HISTORY** (√-give approx. dates)			
Hay Fever	_______	Heart Related	_______	German Measles	_______
Plant	_______	Convulsions	_______	Measles	_______
Insect Stings	_______	Diabetes	_______	Asthma	_______
Food	_______	Ear Infection	_______	Behavior	_______
Drugs	_______	Chicken Pox	_______	Mumps	_______

Operations or Serious Injuries (Dates) ____

Chronic or Recurring Illness ____

Other Diseases or Details of Above ____

Any Specific Activities To Be Encouraged? ____

Any Specific Activities To Be Restricted? ____

IMPORTANT: Please notify the camp if this camper is exposed to any communicable diseases during the (3) weeks prior to camp attendance.

Parent Authorization This health history is correct so far as I know, and my child named herein has permission to engage in all camp activities on or off premises, except as noted by me and the examining physician. In the event I cannot be reached in an emergency, I hereby give permission to Sanford Camp and medical authorities to transport and medically treat my child.

Signature: ____

Immunization History

Required immunizations must be determined locally. This is a record of dates of basic immunizations, mists and recent booster doses.

DIP Series ________________	Booster _______	Tetanus Booster _______
Polio QPV (Sabin) _______	Booster _______	Typhoid _______
Measles Vaccine (live) _______	Tuberculin _______	German Measles (Rubella) _______
Mumps Vaccine _______	Smallpox _______	Other _______

Other state or municipal examinations required (if any):

Sanford Day Camps

Email: info@sanfordcamps.com **Fax: 610-565-4764**

***MEDICAL EXAMINATION**: To be filled out by a licensed physician. This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.*

CODE: **S** – Satisfactory **X** – Not Satisfactory (Explain) **O** – Not Examined

Height ________ Weight ________ B.P.________ HGB Test ________ Urine ________

Eyes________
Glasses ________
Ears________
Nose ________
Throat ________
Teeth ________
Heart ________
Lungs ________
Abdomen ________
Hernia ________

Extremities ______________________
Posture (spine) ________________
Skin __________________________
Allergies ______________________

General Appraisal ____

____

(For Girls and Women)
Has this person menstruated? ____________ If not, has she been told about it? ____________
If so, is her menstrual history normal? ______________________ Special Considerations ________________

Recommendations and restrictions while in camp:
Special Diet ____
Special Medicine (name) Is parent sending it? ____
Swimming, Diving ____
Strenuous Activity ____
Other ____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

_______________________________________ M.D./D.O./P.A.
Examining Physician

Date: ______________________

Telephone:______________________

Address: ____

City/St/Zip ____