

Medical Statement & Immunizations of Child in Camp

A health print out from your physician office is preferred and must be within a year's date. If you can not get a print out, this form is acceptable and will need to be completed by Licensed Physician, Physician's Assistant or Nurse Practitioner.

Name of Child	Date of Birth	Date of Examination

Please Check Here if Attached Separately _____

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTap)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus Influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Pneumococcal Conjugate (PCV) for those born on or after 01/01/08	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (Chicken Pox)	1 st Date	2 nd Date			

Other Immunization may include the recommended vaccines of Covid-19, Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Test:	Results:
Test:	Results:

Summary of Physical Exam – Include any special recommendation to the Summer Camp Counselors:

On the basis of my findings as indicated above and on my knowledge of the named child, I find that she/he is free from contagious and communicable disease and is able to participate in Summer Camp.	YES	NO
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Please Print Name _____

Address: _____ Phone: _____

Signature of Examiner: _____

Medical Statement of Child in Camp

Child's Name: _____

Age: _____

DOB: _____

Health Appraisal or Child in Daycare form must ALSO be attached to this statement.

Health Specifics:

Comments:

Are there any allergies? (Specify) Yes No	
Is medication regularly taken? Yes No	
Are there any hearing, visual or dental conditions requiring special attention? Yes No	
Are there any medical or developmental conditions requiring special attention? Yes No	
Other:	
Is your Child Allowed to use sunscreen? Yes No	Brand:
Is your Child Allowed to use Bug Repellant Yes No	Brand:

Please explain any special needs, medication needs, or allergy related information:

Parent Name: _____

Parent Signature: _____

Date: _____