

YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS & STAFF

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

Camper ***Please return completed form to the camp***

Staff

Name _____ Date of birth _____ Phone _____

Guardian _____ Address _____

Emergency Contact Telephone _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

_____ May participate in all camp activities **Date of Exam** ____ / ____ / ____

_____ May participate except for: _____

Medical information pertinent to routine care & emergencies: _____

Is this individual taking prescriptions or over the counter medication(s)? YES NO If YES, indicate names of Medication(s) _____

Does the individual have allergies? NO YES, Explain: _____

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

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

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	YES	NO		YES	NO
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal conjugate		
Tetanus			Polio		

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's City/Town _____ ST. _____ Zip Code _____ Phone# _____

Signature of Physician, PA, APRN, or RN: _____ Date form Signed _____

Permission Form

Completed Health & Permission Forms must be received prior to the start of camp

Camper's Name: _____ **Birth Date:** _____

Parent or Legal Guardian Authorization:

The camper named above has permission to participate in all camp activities except as noted by the examining physician on the child's provided current physical form. I understand that such activity may involve strenuous physical activity and/or hazardous conditions. I further grant permission to Environmental Learning Centers of Connecticut (ELCCT) and its agents and employees to seek and obtain medical, dental, or hospital care for my child in my place if deemed necessary by said agents and employees. I also grant permission to Environmental Learning Centers of Connecticut and its agents and employees to administer first aid using the medication listed on the provided physical examination form as needed unless otherwise noted by the child's physician. I further understand that transportation may be provided by private or public motor vehicles furnished by ELCCT personnel, volunteers, or third parties.

I give permission for my child's picture to be used for camp publicity. YES NO

Signature of parent or legal guardian: _____ Date: _____