

# YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERs AND STAFF

Physical Exams are Valid for 3 Years From Date of Last Examination

LAST NAME:

Camper  Staff

State of Connecticut, Department of Public Health  
Division Community Based Regulation  
1-800-282-6063; (860) 509-8045

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Parent or Guardian Authorization (required for all persons under age of 18)** This health history is correct so far as I know, and the person named above has permission to participate in all camp activities except as noted by me or the examining physician. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia for surgery for the person named above.

Parent Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER: DATE OF EXAM: \_\_\_\_\_

- May participate in all camp activities  
 May participate except for: \_\_\_\_\_

Medical information pertinent to routine care and emergencies: \_\_\_\_\_

Is this individual taking prescription medication?  Yes  No  
If yes, indicate prescription: \_\_\_\_\_

Does this individual have allergies?  Yes  No Explain: \_\_\_\_\_

Is the individual on a special diet?  Yes  No Explain: \_\_\_\_\_

This camper/staff is up-to-date on 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			Polio		
Tetanus					

Print name of medical care provider: \_\_\_\_\_

Medical care provider's address: \_\_\_\_\_

Medical care provider's City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Physician, APRN or PA: **X** \_\_\_\_\_

Date Form Signed: \_\_\_\_\_

MAIL OR BRING COMPLETED FORM TO THE CAMP OFFICE ON OR PRIOR TO THE FIRST DAY OF CAMP

## YMCA CAMP INGERSOLL

Northern Middlesex YMCA, 99 Union Street, Middletown, CT 06457

FIRST NAME: