

Camper Health Examination Form

Adventureland Day Camp

6401 Hulmeville Rd, Bensalem, PA 19020

(For Physician to complete and sign.)

Camper's

Name _____ Age: _____

Last

First

M.I.

Date Examined (must be within the **past 2 years** to be current): _____

Date Last Tetanus _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

The applicant is under the care of a physician for the following condition(s): _____

Current Treatment (include current medication): _____

Explanation of any reported loss of consciousness, convulsion, or concussion: _____

Does the applicant have epilepsy? Yes No Does the applicant have diabetes? Yes No
(circle one) *(circle one)*

If Yes, Please give Details: _____

Recommendations and/or Restrictions While at the Camp:

Any treatment to be continued at camp: _____

Any medication to be administered at camp (specific dosage): _____

Any Dietary Restrictions: _____

Any allergies (food, drugs, plants, insects etc.): _____

Activities to be limited: _____

Additional Comments / Information (Use back if needed):

*Licensed Physician's Signature: _____					
Address: _____		Phone: _____			
<i>Street & Number</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Area / Number</i>	
Date of Form Completion: _____			*By _____		

(Par Doc-4)

<p>Mail To: Adventureland Day Camp 6401 Hulmville Rd. Bensalem, PA 19020</p>
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