

SBTW CAMPER HEALTH FORM

(A doctor's examination and signature are not required on this form except for the medication permission at the bottom.)

Camper Name: _____

Medical Insurance (carrier and policy #): _____ # _____

Physician's Name: _____ Physician's Phone: (____) _____ - _____

Immunizations (give date of most recent vaccine, "up-to-date" not acceptable)

Tetanus	Measles	Polio
Diphtheria	Mumps	Varicella (Chicken Pox)
Pertussis	Rubella	Haemophilus (Hib)
Hepatitis B	Other	

Operations, serious injuries or illnesses and dates: _____

Penicillin or other drug reactions: _____

Allergies: _____

Prescription medications: _____

List existing medical conditions (such as ADD, nosebleeds, car sickness, headaches, etc.):

Describe any additional physical or emotional needs: _____

To be completed by parent/guardian:

I hereby grant permission for _____ (camper's name) to participate in Summer's Best Two Weeks day camp and overnight trip.

_____ (camper's name) may participate actively in the total program, except

as follows: _____

I approve the application and conditions above. I have written any necessary and pertinent information concerning our family and our child. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize and secure proper treatment (including injections and surgery) for my child.

Parent/Guardian Signature: _____ Date: _____

Per New York State Law, a physician's signed permission must be on file for all medications to be given at camp (including over-the-counter medications).

Medication to be administered at camp: _____

Dose: _____

Time: _____

Physician's signature: _____ Date: _____