Dear Parents: As an ACA accredited camp we are required to request a doctor's examination for every child. **<u>This is not mandatory</u>**. If you can please have your child examined before the first day of camp we would appreciate it. Thank you.

Childs Name ____Date of Birth______________________ Age___________

Name of Parent/Guardian____

Home Phone______________________ Work Phone_____________________________ Other Phone_______________________

Address____City_______________________________Zip _____________

Name of Parent/Guardian____

Home Phone______________________ Work Phone_____________________________ Other Phone_______________________

Address____City_______________________________Zip _____________

If not available in an emergency, notify:

Name____ Relation to the child_______________________________

Home Phone_______________________ Work Phone____________________________ Other Phone_______________________

Address____City_______________________________Zip _____________

Health Care Recommendation by Licensed Medical Personnel

I have examined the above camp applicant within the past two years Date of Exam:______________________

In my opinion, the above applicant ☐ is ☐ is not able to participate in an active camp program.

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

____

____

Current Treatment (includes all current medications)____

____

Explanation of any loss of consciousness, convulsion, or concussion____

____

Does the applicant have epilepsy? ☐ Yes ☐ No Does the applicant has diabetes? ☐ Yes ☐ No

Any treatment to be continued at camp: ____

____

Any medical prescribed meal plan or dietary restrictions: ____

____

Any allergies (food, drugs, plants, insects, etc) ____

____

Activities to be encouraged or limited____

Additional health information:____

____

Signature of LicensedMedicaPersonnel____

Print Name____ Title ___________________________________

Address:___________________________________ City:________________________________Zip:_______________________

Phone:____ Date:____