

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

Name: _____ Birth date: _____ Age: _____ Sex: _____

Parent/Guardian _____

Telephone Number: (____) _____ Work Number: (____) _____ Other Number: (____) _____

Address: _____ City: _____ Zip Code: _____

If not available in an emergency, notify:

Name: _____ Relation: _____

Telephone Number: (____) _____ Work Number: (____) _____ Other Number (____) _____

Address: _____ City: _____ Zip Code: _____

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 (include current medications): _____

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

Does applicant have epilepsy? Yes No Does applicant have diabetes? Yes No

Recommendations and Restrictions at Camp:

Any treatment to be continued at camp: _____

Any medical prescribed meal plan or dietary restrictions: _____

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

Activities to be encourage or limited: _____

Additional health information: _____

Signature of Licensed Medical Personnel: _____

Print Name: _____

Address: _____ **City:** _____ **Zip Code:** _____

Telephone Number: _____ **Date:** _____