

RESIDENT CAMPER'S HEALTH STATEMENT

Camper's Name _____ Birth Date _____

Date of last visit to physician or examination within 12 months of camp _____

This child is planning to attend a residential camp, away from his/her home and probably distant from medical care. The camp must have a health supervisor who, as a minimum, has completed an advanced first aid course. Your response to these questions will help in the care of the child.

Past history of serious lacerations, injuries or illnesses: _____

Allergies: _____

Penicillin or other drug reactions: _____

Medication now being used by child or special dietary requirements: _____

I have examined this camper and found him/her to be in satisfactory physical condition and capable of active participation in a regular camp program except as follows:

Signature of Physician or Nurse Practitioner: _____

Date _____ Address _____

City _____ State _____ Zip _____ Telephone _____

IMMUNIZATION RECORD

Attach Colorado Certificate of Immunization or complete the following:

_____ VACCINE _____ Enter Month and Year Each Immunization Was Given
Diphtheria-Tetanus-Pertussis (DPT or Baby Shots) _____

OR

Tetanus-Diphtheria (TD) _____

Polio _____

Measles (Hard, Red) _____

Rubella (German Measles) _____

Mumps _____

Other _____
