

SUMMER CAMP HEALTH FORM

Montgomery County Parks and Recreation

755 Roanoke Street, Suite 1E

Christiansburg, VA 24073

Phone: (540) 382-6975

Fax: (540) 382-4596

Name _____ Date of Birth _____

Address _____

Parent/Guardian _____ Phone _____

Emergency Contact _____ Phone _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____ / ____ / ____

_____ May participate in all camp activities

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medications(s)? YES NO

If yes, indicate the names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

Is this camper up-to-date on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices?: YES NO

Continued on back

Please give all dates of immunization for:

Vaccine:	Dates:	M/Y	M/Y	M/Y	M/Y	M/Y	M/Y
DTP							
TD (tetanus/diphtheria)							
Tetanus							
Polio							
MMR							
Or Measles							
Or Mumps							
Or Rubella							
Haemophilus influenza							
Hepatitis B							
Varicella (chicken pox)							

Use this space to provide any additional information about the participant's health which the camp should be aware: _____

Name of physician _____ Phone _____

Address _____

Signature of Physician/Practitioner _____ Date _____