K·E CAMPS

CAMPER HEALTH FORM SUPPLEMENT

To Be Completed by Physician/Pediatrician

**Physician/Pediatrician may substitute with his/her own form.*

Camp Name: _____

I examined _____ on _____ and in my opinion, he/she
(camper's name) (date)

□ **is** □ **is not** able to participate in an active camp program.

Recommendations and Restrictions at Camp:

Treatment to be continued at camp:

_____

_____

_____

Medications to be administered at camp (name, dosage, frequency):

*****Please note that parent/guardian must fill out "Authorization to Administer Medication" form if medication is to be administered to your child at camp.***

_____

_____

_____

Known Allergies (please describe the reaction and management of the allergy):

_____

_____

_____

Description of any limitation or restriction on camp activities:

_____

_____

_____

Record of Immunizations:

(please fill in or attach record)

Vaccine:	**Dates:** Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	____	____	____	____	____	____
TD (tetanus/diphtheria)	____	____	____	____	____	____
Polio	____	____	____	____	____	____
MMR	____	____				
or Measles	____	____				
or Mumps	____	____				
or Rubella	____	____				
Haemophilus Influenza B	____	____	____	____		
Hepatitis B	____	____	____			
Varicella (chicken pox)	____	____				

Is the child exempt from any immunizations?

☐ YES ☐ NO

If YES, which ones?

Signature of licensed medical personnel_____

Printed_____Title_____

Address_____

Phone_____ Date_____

Please fax to 877.829.5556, email to madeline@kecamps.com or upload to your online registration account through the Register Button at www.kecamps.com.