



New Canaan Nature Center
YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF



This form must be completed and on file before your child can attend camp!
Form must be signed each year by a physician
Physical Exams are valid for 3 years from date of last examination

Please check the appropriate box:

- Camper TNT Staff

Name Date of Birth Phone
Guardian Address
Emergency Contact Telephone
Date of Arrival at Camp: Departure Date:

INFORMATION BELOW TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER

Date of most recent Physical Exam

Camper/TNT/Staff may participate in all camp activities
Camper/TNT/Staff may participate in all camp activities except for:
Medical information pertinent to routine care and emergencies:

Is this individual taking prescription medication? YES NO
If yes, indicate prescription:
Does the individual have allergies? YES NO Explain:
Is the individual on a special diet? YES NO Explain:

This camper/staff/TNT is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

Table with 6 columns: Immunization, Yes, No, Immunization, Yes, No. Rows include Measles, Mumps, Rubella, Chickenpox, Tetanus, Hepatitis B, Diphtheria, Pertussis, Polio.

Comments:

Print name of medical care provider:
Medical care provider's address:
Medical care provider's: City/Town ST Zip Code

Signature of Physician, APRN or PA
Date Form Signed
Telephone Number

Physician may attach additional information and records if desired; however, only the above information is required for participation in New Canaan Nature Center Summer Camp programs. If medications are required, a separate Medication Administration Form (1 per medication) must be filled out and signed by physician & parent.