

Elmsford Day Camp's

Sample Medical Record Form

Please note: You can use this form or the more generic forms provided by your child's doctor, or school. If you use this form, make sure physician's name and signature are noted on the bottom.

Please note: All campers must have annual physicals, and must submit immunization forms. They must have received it after the last day of camp 2016 which was August 5th, 2016

Camper's Name _____ Date of Birth _____

Address _____

_____ Zip _____

Date of Physical Examination _____

Height _____ Weight _____

*A complete physical examination for the child named above was conducted and everything was normal except for what is noted below:

Scoliosis: present _____ not present _____

Serious illness or operations:

Special Dietary Requirements:

Allergies:

Current Medications: *All meds are to be listed here. If meds are to be taken during camp day, please indicate on the medication section of registration form.*

Physical Activity: Full Physical Activity _____ Restrictions as noted _____

Restrictions and Other notes as follows:

Immunization Record: *Please put dates or provide own copy.*

DPT _____ Sabin _____ Last Diph-Tetanus Booster _____ Hemophilus B _____

MMR Vaccine _____ MMR Booster _____ Tine test _____ Hepatitis B _____ Varicella _____

Physician's Name _____ Address: _____

Phone Number: _____ Signature: _____

Parent/Guardian Signature: _____