

THE BROOKSIDE SCHOOL SUMMER DAY CAMP

MEDICAL FORM

To the Physician:

It is the purpose of this camp to develop the child advantageously in all phases of growth - physical, emotional, social and intellectual; therefore, we ask your kind cooperation in filling out the following form so that we may have a fuller understanding of the child.

I, Dr. _____ have examined _____ on ____/____/____.

Age of child _____ Height _____ Weight _____ BP _____ P _____

Health & Circulation _____ Nutrition & Digestion _____ Nervous System _____

Respiration _____ Dental _____ Eyes _____ Ears _____ Nose _____

Throat _____ Posture _____ Genital Organs _____ Glands _____ Mental Development _____

What contagious disease has the child had? _____

Serious illnesses, accidents _____

ALLERGIES _____

Chronic Conditions _____

Disabilities & Restrictions: Vision _____ Hearing _____ Cardiac _____

Special Medication: _____

*Doctor's Note and parental permission is required for medications to be administered while at camp.

Other: _____

Date of Immunization:	DPT 1 _____	Polio 1 _____
	2 _____	2 _____
	3 _____	3 _____
	4 _____	4 _____

1st -15 mos or older	2nd - after 5 years	HIB _____	HEP _____
M _____	M _____	_____	_____
M _____	M _____	_____	_____
R _____	R _____	_____	_____

Varicella _____

T.B. Test: Type Used _____ Date _____ Findings _____

Comments:

Doctor's Signature _____

Phone _____

Address _____