

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 more complete 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 _____

Any Physical, Medical, Emotional, or Behavioral concerns of which the camp should be aware:

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 _____ Pneumoccal 1 _____

2 _____

2 _____

2 _____

3 _____

3 _____

3 _____

4 _____

4 _____

4 _____

5 _____

5 _____

1st-15 mo or older

2nd - after 5 years

M _____

M _____

HIB _____

HEP _____

M _____

M _____

R _____

R _____

Varicella _____ Tdap _____ Meningoccal _____

Doctor's Signature _____

Phone _____

Address _____