Week Program Name Camp Name: If attending a second week: Week Program Name Camp Name: Each camper MUST complete a health form either online or by paper form. A copy of a physical exam within the of the camper's first day at camp must be attached. If you submitted your health form online you may take this for doctor for his signature. Name	Program Name
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Birth Date	First Last Date Age Grade Male Female
Birth DateAgeGrade Male	Date Age Grade
Home Address	
Home Phone Cell Phone Cell Phone Physician name Phone Physician name Phone Physician must either complete this section of this form or attach a copy of a signed, complete physical from the last 12 months must be attached to this form. Copies of health forms/physicals for campers from the last 12 months must be attached to this form.	/Guardian Names(s) Relationship
Physician name Phone Physician name Phone Physician must either complete this section of this form or attach a copy of a signed, complete physical from the last 12 months must be attached to this form. Copies of health forms/physicals for campers from the last 12 months must be attached to this form.	AddressCityStateZip
Physician name Phone Physician name Phone Physician must either complete this section of this form or attach a copy of a signed, complete physical from the last 12 months must be attached to this form. Copies of health forms/physicals for campers from the last 12 months must be attached to this form.	Phone
PHYSICIAN'S EXAM: Physician must either complete this section of this form or attach a copy of a signed, complete physical from the last 12 months must be attached to this form. Copies of health forms/physicals for campers from	
physical from the last 12 months must be attached to this form. Copies of health forms/physicals for campers from	ian namePhone
resubmitted each year.	al from the last 12 months must be attached to this form. Copies of health forms/physicals for campers from previ ers are archived and cannot be readily accessed. This information must be kept on file by the parent/guardian and
Date of last exam: (must be within past 12 months of camp week)	of last exam: (must be within past 12 months of camp week)
	hysical condition requiring restriction(s) on participation in the camp program and a description of that restriction. e describe in detail- attach further documentation if needed)
Any Current or on -going treatment or medications to be administered at camp (name, dosage, frequency)	urrent or on -going treatment or medications to be administered at camp (name, dosage, frequency)
Any modified nutritional/meal plan:	odified nutritional/meal plan: