Camp Barnes, Inc. Delaware State Police

## MEDICAL/PHYSICIAN's REPORT

(Must be submitted with Application)
REV. 3/2021



Name		Address_		
Does your child have any	Allergies, Includ	ding Medicine?		
f Yes, Please List				
Does your Child Have:	Asthma	Yes	No	
	Convulsions Glasses	Yes	No	f yes, please send extra pair, if possible)
	Dentures	Yes	No(I	1 yes, pieuse sena extra pan, n possiole)
	Hearing Aid	Yes	No	
Ooes your Child Take M	edication?	]	If Yes, For What Reaso	n?
Ooes your child have any	dietary restriction	ons?		
f yes, Please provide det	ails:			
Please List Any Other In:				
rease Bist ring outer in	ionnation that ivi	ay Be i vecessary i or	Cump i cisomici.	
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Condition of: He	eart	•	d out by physician)	
Condition of: He		(To be filled	d out by physician) S/P Hernia	
Lu	ings	(To be filled	d out by physician) S/P Hernia	
Lu Ey	ings	(To be filled	d out by physician)  S/P Hernia  Athlete's Foot	Date
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