



Summer Camps at College Settlement
600 Witmer Rd, Horsham, PA 19044
www.collegesettlement.org
Phone: 215-542-7974 / 215-542-7975
Fax: 215-542-7457

This form must be received by the Camp Office
4 weeks prior to your child's session start date

Please upload this form to your account or send to
upload@collegesettlement.org so we can upload it for you

2022 Camper Medical Form

To be completed by a Licensed Physician

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Overnight Camp Session: 1 2 3 4 5 ... Day Camp Session: 1 2 3 4

Camper Name: _____
Last First Middle

Gender Identity: Male Female Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____
Month Day Year

Physical exam done today? Yes No If "no", provide date of last Physical: _____

Weight: _____ lbs. Height: _____ ft _____ in Blood Pressure: _____ / _____

American Camp Association Accreditation Standards require a physical exam within the last 12 months, from the child's session start date

Allergies No Known Allergies

Food (Please List): _____

To Medications (Please List): _____

To the Environment (Please List): _____

Other Allergies (Please List): _____

Please describe reactions: _____

Diet & Nutrition: Eats a Regular Diet Has a medically prescribed meal plan or dietary

restrictions (Please describe): _____

The child is undergoing treatment at this time for the following conditions (Please describe):

Medication: No daily medications Will take the following prescribed medication(s) while at Camp

(Include name, dose & frequency): _____

Other treatment / therapies to be continued at Camp (Please describe): _____

Do you feel that the child will require limitations or restrictions to activities while at Camp?

Yes No (If yes, please describe; Include any recommendations): _____

"I have discussed the Camp program with the child's Parent / Guardian. It is my opinion that the camper is physically and emotionally fit to participate in an active Camp program (except as noted above)."

Name of Licensed Provider (Please print): _____

Signature: _____ **Title:** _____

Office Address: _____

Phone #: _____ **Date:** _____



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Immunization History

Vaccines Required Before the First Day of Camp

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If a child doesn't have all the required doses of a vaccine, they must, within two weeks of Camp:

- Receive the next dose, if medically appropriate.
- Have a Parent / Guardian provide a Medical Plan if the next dose isn't the final dose of the series.
- Have a Parent / Guardian provide a Medical Plan if the next dose is not medically appropriate.

Camper Name: _____
Last First Middle

Vaccines Required to Attend Camp

Please provide the month and year for each immunization. Copies of immunization forms from healthcare providers or state or local government are acceptable; Please attach printout to this form.

All Grades	Doses	Notes	Dates given			
Tetanus, diphtheria, pertussis (DTP/Dtap/DT/Td, or Tdap)	4 *	1 dose on or after age 4 years				
Polio (OPV/IPV)	4 **	4 th dose on or after age 4 years; at least 6 months after previous dose				
Measles, mumps, rubella (MMR/MMRV)	2	On or after age 1 year				
Hepatitis B (HBV)	3					
Chickenpox (Varicella/MMRV)	2 ***	On or after age 1 year				
COVID-19 Vaccine	2	Ages 7 and up				
By 7th grade	Doses	Notes	Dates given			
Meningococcal conjugate vaccine (MCV4)	1	On or after age 2 years				
Tetanus, diphtheria, pertussis (Tdap)	1	On or after age 7 years				
By 12th grade	Doses	Notes	Dates given			
Meningococcal conjugate vaccine (MCV4)	2	If 1 st dose given at age 16 years or older, only 1 dose is needed to enter 12 th grade				
* Only 3 doses of Td-containing vaccine are necessary if series started on or after age 7 yrs and at least one dose is Tdap						
** A 4th dose is not necessary if 3rd dose was given at age 4 years or older and at least 6 months after the previous dose						
*** Or documentation of immunity by lab test or written statement from parent, guardian, or physician						

You must submit Camper Medical Form 2, along with the Immunization History, at least four weeks prior to your child's session start date. **We require all campers to be fully vaccinated, including the Covid vaccine. There are no exceptions or exemptions.** Your child will be dropped from enrollment if we do not receive these forms in time.

The Summer Camps at College Settlement will only be allowing Campers who have been fully vaccinated and can produce immunization records to that effect (signed off by a licensed physician) to attend Camp. This includes Covid vaccination.

The Summer Camps at College Settlement's **Vaccination Policy** ("VP") is in accordance with all applicable federal, state, and local regulations. Additionally, the VP was constructed pursuant to guidelines set forth by the Montgomery County Department of Health, the American Academy of Pediatrics, and the Philadelphia Department of Health, among other sources.

The Summer Camps at College Settlement do not discriminate as to race, creed, color, ancestry, nationality, religion, gender, sexual orientation, or age. We will make every reasonable accommodation to meet the needs of all those who wish to apply. Any person who believes that he or she has been discriminated against in any USDA-related activity should contact, within 180 days of the incident, the SECRETARY OF AGRICULTURE, WASHINGTON, DC 20250.