

### Summer Camps at College Settlement

600 Witmer Rd, Horsham, PA 19044 www.collegesettlement.org Phone: 215-542-7974 Fax: 215-542-7457

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

This form must be received by the Camp Office

4 weeks prior to your child's session start date

## 2023 Camper Medical Form

	a Licensed Physician				Page 1
Overnigh	t Camp Session: □1 □2	2	•• Day C	amp Session: □1 □2	□3 □4
Camper Name:	Last	Firs	t	Middle	
	Male □ Female □ Oth				
defider identity.	viate     Terriate   Other	ei			
Address:	City:	City:		State:	Zip:
Date of Birth:	Month	Day	,	Year	
	e today? □ Yes □ No				
<b>,</b>	- 10 aay 1 = 100 = 110	, , ,			
<b>Weight</b> : แ	bs. <b>Height:</b>	ft	in	Blood Pressure:	/
Allergies no	exam within the last				
☐ Food (Please List)	:				
	•				
					<del> </del>
To Modications (	Planca List\:				
10 Medications (F	Please List):				
- T U F '	. (5)				
10 the Enviornme	ent (Please List):				
Other Allergies (P	Please List):				
Please describe rea	actions:				

Diet & Nutrition: ☐ Eats a Regular Diet ☐ Has a medically prescribed meal plan or dietary
Diet o Nutrition. — Eats a Regular Diet — Has a medically prescribed meat plan of dietary
restrictions (Please describe):
The child is undergoing treatment at this time for the following conditions (Please describe):
<b>Medication:</b> □ 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:



#### Summer Camps at College Settlement

600 Witmer Rd, Horsham, PA 19044 www.collegesettlement.org Phone: 215-542-7974 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

Page 3 of 3

## **Immunization History**

# Vaccines Required Before the First Day of Camp

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	4 *	1 dose on or after age 4 years			
(DTP/Dtap/DT/Td, or Tdap)					
D-1:- (OD)//ID)/\	4 **	4 <sup>th</sup> dose on or after age 4 years;			
Polio (OPV/IPV)		at least 6 months after previous dose			
Measles, mumps, rubella	2	On or after age 1 year			
(MMR/MMRV)					
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	Date	es given	
Meningococcal conjugate vaccine	1	On or after age 2 years			
(MCV4)					
Tetanus, diphtheria, pertussis	1	On or after age 7 years			
(Tdap)					
By 12th grade	Doses	Notes	Date	es given	
Meningococcal conjugate vaccine	2	If 1 <sup>st</sup> dose given at age 16 years or older,			
(MCV4)		only 1 dose is needed to enter 12 <sup>th</sup> grade			
* Only 3 doses of Td-containing	g vaccine a	re necessary if series started on or after age 7 yrs and a	at least one c	dose is Tdap	
** A 4th dose is not necessary if	3rd dose w	as given at age 4 years or older and at least 6 months	after the pre	vious dose	
*** Or documentation of immuni	tv by lab te	st or written statement from parent, guardian, or phys	ician		

You must submit the Camper Medical Form, 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. Covid vaccinations are mandatory for Overnight Camp, and highly recommended for Day Camp. 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.