

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

2026 Camper Medical Form

TO BE COMPLETED BY A LICENSED PHYSICIAN**PAGE 1 OF 2**Child's Name: _____
Last First MiddleGender Identity: ☐ Male ☐ Female ☐ Other: _____

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

Date of Birth: _____
Month Day YearPhysical exam done today? ☐ Yes ☐ No*** If No, provide date of last physical exam: _____

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

***** WE REQUIRE A PHYSICAL EXAM THAT HAS BEEN COMPLETED
WITHIN 12 MONTHS OF YOUR 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 or therapies to be continued at Camp** (Please describe): _____

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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 or Guardian. It is my opinion that the child is physically and emotionally fit to participate in an active Camp program (except as noted above)."

Name of Licensed Provider (Please print or stamp): _____

Signature: _____ Title: _____

Office Address: _____

Phone #: _____ Date: _____

Required Immunizations

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

COPIES OF IMMUNIZATION RECORDS FROM HEALTHCARE PROVIDERS, SCHOOLS, OR STATE / LOCAL GOVERNMENT ARE PREFERRED. OTHERWISE, PLEASE PROVIDE THE MONTH & YEAR FOR EACH IMMUNIZATION LISTED BELOW.

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	
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

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. As of Summer 2024, Covid-19 vaccinations are highly recommended, but not required to attend Camp. 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 does 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.