



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

2025 Camper Medical Form

To Be Completed by a Licensed Physician

Page 1 of 3

Overnight Camp Session: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ... 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 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 / 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

Immunization History

Vaccines Required Before the First Day of Camp

Page 3 of 3

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				
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 the Camper Medical Form, along with your child's Immunization History, at least four weeks prior to your child's session start date. **YOUR CHILD'S REGISTRATION WILL BE CANCELLED 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. 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.