



**To Be Filled Out By Parent**

Name \_\_\_\_\_ Address \_\_\_\_\_

Does your child have any Allergies, Including Medicine?

If Yes, Please List \_\_\_\_\_

Does your Child Have:	Asthma	Yes _____	No _____
	Convulsions	Yes _____	No _____
	Glasses	Yes _____	No _____ (If yes, please send extra pair, if possible)
	Dentures	Yes _____	No _____
	Hearing Aid	Yes _____	No _____

Does your Child Take Medication? \_\_\_\_\_ If Yes, For What Reason? \_\_\_\_\_

Does your child have any dietary restrictions?  
 If yes, Please provide details: \_\_\_\_\_

Please List Any Other Information that May Be Necessary For Camp Personnel:  
 \_\_\_\_\_

**Physician's Report**  
 (To be filled out by physician)

Condition of: Heart _____	S/P Hernia _____
Lungs _____	Athlete's Foot _____
Eyes _____	DPT Shot _____ Date _____
Sinuses _____	Polio Shot _____ Date _____
Throat _____	General Health _____
Ears _____	Physical Limitations _____
Teeth _____	_____

**CAN CHILD PARTICIPATE IN FULL CAMPING ACTIVITIES? THIS MAY INCLUDE, BUT NOT LIMITED TO, SWIMMING, ROWING, JUMPING, PULLING, LIFTING, AND OTHER FORMS OF PHYSICAL FITNESS:**

If no, Please Describe Physical Limitations:  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician's Name (PRINT CLEARLY) \_\_\_\_\_  
 Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_