RESIDENT CAMPER'S HEALTH STATEMENT

Camper's Name_____ Birth Date_____

Date of last visit to physician or examination within 12 months of camp_____

This child is planning to attend a residential camp, away from his/her home and probably distant from medical care. The camp must have a health supervisor who, as a minimum, has completed an advanced first aid course. Your response to these questions will help in the care of the child.

Past history of serious lacerations, injuries or illnesses:_____

_____

_____

Allergies:_____

Penicillin or other drug reactions:_____

Medication now being used by child or special dietary requirements:_____

_____

I have examined this camper and found him/her to be in satisfactory physical condition and capable of active participation in a regular camp program except as follows:

_____

_____

_____

Signature of Physician or Nurse Practitioner:_____

Date_____ Address_____

City_____ State_____ Zip_____ Telephone_____

IMMUNIZATION RECORD

Attach Colorado Certificate of Immunization or complete the following:

VACCINE	Enter Month and Year Each Immunization Was Given
Diptheria-Tetanus-Pertussis (DPT or Baby Shots)	
OR	
Tetanus-Diptheria (TD)	
Polio	
Measles (Hard, Red)	
Rubella (German Measles)	
Mumps	
Other	

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