



CAMPER HEALTH FORM

Please return fully completed form prior to first day of camp

381 Rt. 23 Pompton Plains, NJ • (973) 839-8823 office • (973) 839-7563 fax

Each camper MUST have a fully completed medical form for the CURRENT CAMP YEAR or will not be admitted to camp.

Licensed Physician's Name: _____

Address _____

Phone () _____ Fax () _____

I hereby give my permission to release any pertinent medical information from any medical records to the staff of Spa 23. All Information will be kept confidential.

Authorized Signature: _____

Relationship: _____ date: _____

Camper's Name _____

Birth Date _____

To be completed by Physician:

I examined this individual on _____. (exam must be within 12 months of camp attendance.)

BP_____ Weight_____ Height_____ In my opinion, the above camper ___ is ___ is not able to participate in an active camp program. The camper is under the care of a physician for the following condition(s): _____

IMMUNIZATIONS (Please indicate month/year)

DPT						
TD						
MMR						
HiB						
Hepatitis B						
Varicella (chicken Pox)						
Polio						

Has the camper had any of the following:

___ Hepatitis C ___ Other_____

___ Measles ___ Chicken Pox ___ Mumps

German Measles ___ Hepatitis A ___ Hepatitis B

Allergies: ___ None ___ Yes (indicate below)

___ Asthma ___ Hay Fever ___ Penicillin

___ Dairy ___ Soy ___ Wheat

___ Peanuts ___ Tree Nuts ___ Poison Ivy

___ Insect Stings ___ Bee Stings

___ Other _____

TB Mantoux Test: Date of Last Test: _____ Result: ___ Positive ___ Negative

Describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or conditions while at camp.

Describe any camp activities from which camper is exempted.

Describe any dietary restrictions.

List all known allergies.

Date of completion of this form: _____ Completed by _____

Please FAX to 973-839-7563
or mail to: 381 Route 23 Pompton Plains, NJ 07444