

# MEDICAL HISTORY REPORT

**Note: Return by May 1st**

This form must be submitted to the camp office before your child attends camp.

Send to: **Creative Themes Day Camp, P.O. Box 127, Penfield NY 14526** • (585) 671-5639

## Camper # 1

Name: \_\_\_\_\_ Date of last physical: \_\_\_\_\_

1. Are there any allergy problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes specify: \_\_\_\_\_
2. Is a special diet required? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes specify: \_\_\_\_\_
3. Is medication taken regularly? Yes \_\_\_\_\_ No \_\_\_\_\_ Instructions for camp: \_\_\_\_\_
4. Mental Growth/Development Normal \_\_\_\_\_ Abnormal \_\_\_\_\_, Explain: \_\_\_\_\_  
Physical Growth Normal \_\_\_\_\_ Abnormal \_\_\_\_\_, Explain: \_\_\_\_\_

IMMUNIZATION DATES: To be filled in by Doctor, School or Parent.

<b>DPT/ADPT</b>	1st	2nd	3rd	Booster	Booster
<b>POLIO (OPV/IPV)</b>	1st	2nd	3rd	Booster	Booster
<b>MMR</b> <small>(Measles/Mumps/Rubella)</small>	1st	2nd			
<b>H influenza</b>	1st	2nd	3rd	4th	
<b>Hepatitis B</b>	1st	2nd	3rd		
<b>Other</b>					

## Camper # 2

Name: \_\_\_\_\_ Date of last physical: \_\_\_\_\_

1. Are there any allergy problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes specify: \_\_\_\_\_
2. Is a special diet required? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes specify: \_\_\_\_\_
3. Is medication taken regularly? Yes \_\_\_\_\_ No \_\_\_\_\_ Instructions for camp: \_\_\_\_\_
4. Mental Growth/Development Normal \_\_\_\_\_ Abnormal \_\_\_\_\_, Explain: \_\_\_\_\_  
Physical Growth Normal \_\_\_\_\_ Abnormal \_\_\_\_\_, Explain: \_\_\_\_\_

IMMUNIZATION DATES: To be filled in by Doctor, School or Parent.

<b>DPT/ADPT</b>	1st	2nd	3rd	Booster	Booster
<b>POLIO (OPV/IPV)</b>	1st	2nd	3rd	Booster	Booster
<b>MMR</b> <small>(Measles/Mumps/Rubella)</small>	1st	2nd			
<b>H influenza</b>	1st	2nd	3rd	4th	
<b>Hepatitis B</b>	1st	2nd	3rd		
<b>Other</b>					

The above child (children) have been examined by a physician in the past school year, have all their shots and may participate in all normal camp activities.

PHYSICIAN'S NAME: (Print) \_\_\_\_\_ Phone #: \_\_\_\_\_

PARENT'S NAME: (Print) \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: All campers are required to carry their own medical insurance in case of accident or sickness.**