

2010 SALTAIRE DAY CAMP MEDICAL/IMMUNIZATION FORM

THIS FORM MUST BE SUBMITTED WITH THE CAMP APPLICATION FOR EACH CAMPER REGISTERED BEFORE THE CHILD'S FIRST DAY CAMP. NO CHILD WILL BE ACCEPTED WITHOUT THIS HEALTH FORM SIGNED BY PHYSICIAN.

TO BE COMPLETE BY DOCTOR

Name of Camper _____ Date of Birth (mm/dd/yyyy) _____

CAMPER HEALTH HISTORY

Please describe the above-listed camper's medical history, including any medical conditions or medications that the camper may be taking that the Saltaire Day Camp should know about:

(Attach additional sheets if necessary)

Please list any allergies to medications, foods, plants, etc. and expected reaction and treatment:

(Attach additional sheets if necessary)

IMMUNIZATION RECORD

Per requirements of Section 7-2.8(c) of the State Sanitary Code, an immunization record, including dates against diphtheria, haemophilus influenza b, hepatitis b, measles, mumps, poliomyelitis, rubella, tetanus and varicella is to be kept on file and updated annually for each camper. Please attach the complete immunization record for the child to this form and have the child's doctor fill out and sign the following:

IMMUNIZATION RECORD ATTACHED RELIGIOUS WAIVER STATEMENT ATTACHED

(If your child has not received all of the required immunizations, he or she will not be able to attend camp unless the parent or guardian submits a signed statement that the child has not been immunized due to religious beliefs which prohibits immunization.)

_____ was examined on _____
(child's name) (date)

and found to be in satisfactory health and free from communicable disease. There is no reason that this child should not participate in the routine activities associated with camp and swimming activities.

Doctor's Signature _____ Date: _____

Doctors Name: _____ Phone: _____

Mailing Address _____