



# Firefly Summer Camp Medical Form

This form **MUST** be completed by a Medical Practitioner in order to participate in our camp.

Camper Name: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Yes/No – May participate in all activities

Yes/No – May participate in all activities except for: \_\_\_\_\_

## Medical Information for routine care and emergencies (circle answer)

1. Is the camper taking prescription medication\*? Yes    No

If Yes, indicate prescription(s) \_\_\_\_\_

\*please request and complete our Medication Administration Consent Form if medication is to be administered during camp hours

2. Does the camper have any known allergies? Yes    No

If Yes, explain \_\_\_\_\_

3. Is the camper on a special diet? Yes    No

If Yes, explain \_\_\_\_\_

4. Is there anything else we should know regarding the camper's physical, emotional, or mental health?

\_\_\_\_\_

5. This camper is up to date on the following immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

6.

Immunization	Yes	No
Measels		
Mumps		
Rubella		
Chickenpox		
Tetanus		

Immunization	Yes	No
Hepatitis B		
Diphtheria		
Pertussis		
Polio		

## Medical Care Provider Information

Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Care Provider Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_