



B'nai B'rith Camp

CAMPER PHYSICIAN STATEMENT

TO PARENT(S) GUARDIAN(S) : COMPLETE THIS SECTION AND GIVE THIS FORM TO YOUR CHILD'S HEALTH-CARE PROVIDER FOR SIGNATURE. ALL CAMPERS MUST HAVE A SIGNED PHYSICIAN'S STATEMENT WITHIN 24 MONTHS OF CAMP.

Dates will attend camp: _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date: _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

TO PHYSICIAN: COMPLETE ALL REMAINING SECTIONS OF THIS FORM. ATTACH ADDITIONAL INFORMATION IF NEEDED.

Physical exam done today

- Yes Date _____
 No (if "no," date of last physical: _____ (must be within 24 months of camp attendance)
Month/Day/Year

Are Immunizations current? Yes No Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

ALLERGIES

- To foods: (list)
 To medications: (list)
 To the environment: (insect stings, hay fever, etc. (list)
 Other allergies: (list)

DIET, NUTRITION:

- Eats a regular diet.
 Eats a vegetarian diet.
 Has a medically prescribed meal plan or dietary restriction: (describe)

MEDICATION to be taken at camp.

- No Daily medications. Will take the following prescribed medication(s) at camp: (name, dose, frequency, reason-describe)

OTHER Treatments/therapies to be continued at camp: (describe)

Do you feel that the camper will require limitations or restrictions to activity while at camp? Yes No

If "yes" please describe or attach information.

"I have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above)

Name of licensed provider (please print): Signature: Title

Address Telephone Date