

PART II

Health Evaluation

1. Does this child have any physical, psychological or behavioral condition that may require emergency action while he/she is at camp (e.g. seizure, insect sting allergy, bleeding problem, diabetes, heart problem, asthma)? If yes, please describe. Yes ___ No ___

2. Is this child on medication? If yes, please complete a Physicians Medication Order Form for each medication to be administered. Yes ___ No ___

3. If your child needs a medication during the daytime, a parent or guardian must administer it to them.

4. Dietary modifications or special treatments:

5. **WHAT IS THE MONTH AND YEAR OF THE CHILD'S LAST TETANUS IMMUNIZATION?** _____

6. Except as previously noted, the child is otherwise in good physical and mental health, is free of communicable disease, and may participate in all activities. Yes ___ No ___ If no, specify if this is a blanket denial, or if it relates only to a specific camp activity.

Print Name of Physician (signature not required)

Telephone