

Vaccinations:

___ Current on all vaccinations except _____ Hepatitis B series? ___Y ___N
Date of last Tetanus vaccine _____ TB test/Date read ___/___/___ Pos or Neg

Medications:

Is this individual on any prescribed medications? ___Yes ___ No
Is this individual approved for OTC medications on a prn basis? ___Yes ___No

If yes to either of these questions, please complete the Medication Authorization Form provided. This form must be signed by a licensed practitioner in order for the camper to be given medications of any kind, including herbal and OTC medications

Medical treatments to be continued at camp _____

Current or chronic medical conditions _____

Medically prescribed meal plan or dietary restrictions _____

Camp activities include fishing, swimming, horseback riding, nature walks, outdoor games & activities. Are there restrictions on any of these activities? _____

Additional information for our nursing staff _____

I have examined the above named individual and reviewed his/her health history. It is my opinion that he/she is physically able to engage in any required activities, except as noted above, and is free of communicable or contagious disease

Signature of licensed medical provider _____ Date ___/___/___
Printed name _____ Phone # _____

Please mail form to: Camp Beausite NW., P.O. Box 1227, Pt. Hadlock, 98339 or email to us at admin@campbeausite.org (Sorry, we do not have fax capability)