



# Star Hill Family Athletic Center

100 Gerber Drive  
Tolland, CT 06084  
www.starhillsports.com

860-871-8800



## Youth Camp Health Exam/Record

Physicals are Valid for 3 Years from Date of Last Examination

Please Return Completed Form to the Camp Prior to Arrival

### TO BE COMPLETED BY PARENT, GUARDIAN, OR STAFF (if over 18)

Camper

Staff

Camper / Staff Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Arrival at Camp \_\_\_\_\_ Departure Date \_\_\_\_\_

### TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

\_\_\_\_\_ May participate in all camp activities

Date of Exam : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ May participate except for : \_\_\_\_\_

Medical information pertinent to routine care and emergencies: \_\_\_\_\_

Is this individual taking prescription or over the counter medication(s)?  Yes  No

List Medications :

Does the individual have allergies?  Yes  No Explain: \_\_\_\_\_

Is the individual on a special diet?  Yes  No Explain: \_\_\_\_\_

Does the individual have special needs?  Yes  No Explain: \_\_\_\_\_

or special behavioral needs?

This camper/staff member is up-to-date on all the following childhppd immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal conjugate		
Tetanus			Polio		

Comments: \_\_\_\_\_

Print name of medical care provider: \_\_\_\_\_

Medical care provider's address: \_\_\_\_\_

Medical care provider's: City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Physician, PA, APRN, or RN

Date Form Signed

Telephone #