

**GREAT HOLLOW WILDERNESS SCHOOL**  
**Camp Medical Form**  
**225 Route 37**  
**New Fairfield, CT 06812**

**PHONE: (203)746-5852**  
**FAX: (203)746-1232**  
**www.regionalmca.org**  
**www.greathollow.org**



**Which camp(s) are you attending?**

Young Adventurers \_\_\_\_\_ Nature's Chorus Evergreen \_\_\_\_\_ Teen Programs \_\_\_\_\_  
 T.E.A.M. Survivor Camp \_\_\_\_\_ Nature's Chorus Riversong \_\_\_\_\_

**Camper**

**Staff**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

Emergency

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Dates you are attending  
 camp \_\_\_\_\_

**TO BE COMPLETED BY A MEDICAL PRACTITIONER:**  
**A physician must have completed a physical examination in the last 36 months.**

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

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

**Date of Exam** \_\_\_\_\_

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

Is this individual taking prescription medication?  YES  NO

If yes, indicate prescription(s): \_\_\_\_\_

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: \_\_\_\_\_

This camper/staff is up-to-date on all the following routine childhood 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			Polio		
Tetanus			Pneumococcal Conjugate		

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

**Medical Care Provider Information**

Print name \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Physician, APRN or PA: \_\_\_\_\_

Date Form Signed: \_\_\_\_\_ Telephone Number: \_\_\_\_\_