

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: _____