

**Regional YMCA of Western Connecticut
Camp Greenknoll
2 Huckleberry Hill Road
Brookfield, CT 06804**

**Before June 15, 2019
Phone: (203) 775-4444
Fax: (203) 740-9289**

**After June 15, 2019
Phone: (203) 775-9363
Fax: (203) 740-3639**

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____ Phone _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

_____ May participate in all camp activities

Date of Physical Exam ____/____/____

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

ANY SPECIAL HEALTH NEEDS REQUIRE AN INDIVIDUAL CARE PLAN TO BE COMPLETED BY THE ORDERING PHYSICIAN

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s): _____

ANY MEDICATIONS (prescription or OTC) THAT ARE TO BE ADMINISTERED AT CAMP MUST BE ACCOMPANIED BY AN AUTHORIZATION FORM COMPLETED BY A PHYSICIAN AND A PARENT/GUARDIAN.

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			Pneumococcal conjugate		
Tetanus			Polio		

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

- **ANY SPECIAL HEALTH NEEDS REQUIRE AN INDIVIDUAL CARE PLAN TO BE COMPLETED BY THE ORDERING PHYSICIAN**
- **ANY MEDICATIONS (prescription or OTC) THAT ARE TO BE ADMINISTERED AT CAMP MUST BE ACCOMPANIED BY AN AUTHORIZATION FORM COMPLETED BY A PHYSICIAN AND A PARENT/GUARDIAN.**

Signature of Physician, PA, APRN or RN

Date Form Signed

Telephone Number