



Camper _____

Last

First

Birthdate

ONE FORM PER CAMPER - Uptown Metairie (circle one)

SUMMER DAY CAMP MEDICAL FORM

This form must be completed and returned to the JCC no later than May 31, 2013.

Health Examination MUST be completed and signed by a licensed physician.

MAIL to JCC Day Camp, 5342 St. Charles Ave., NOLA, 70115 or FAX to 504.897.1380.

OR JCC Day Camp, 3747 W. Esplanade Ave., Metairie, 70115 or FAX to 504.780.5639.

Physical Exam done today? YES NO

(If "No," date of last physical (mm/dd/yy): _____) Physical exam must be within last 12 months.

Are immunizations up-to-date for the age of the child? YES NO

Most recent Tetanus Immunization (mm/yy): _____

Allergies: No Known Allergies Yes (please list):

Describe previous reactions:

Does the child have a serious allergy for which an Epi Pen is required? YES NO

If yes, please explain:

Does the child have Asthma? YES NO If yes, does child carry an inhaler? YES NO

Other relevant health conditions:

Medication: No daily medications Will take the following prescribed medication(s) while at camp: (name dose, frequency - describe below)

Additional needs/treatments to be continued at camp: (describe below) None needed

Do you feel that the camper will require limitations or restrictions to activity while at camp? YES NO

If you answered "Yes" to the question above, what do you recommend? (describe below - attach additional information if needed)

It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above).

Physician's Name (please print) _____ Phone _____

Physician's Signature _____ Date _____