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Continue to page 2 Medical Form

Page 2 Medical Form for Camper: _____

Please list the **medically-prescribed** meal plan, or indicate NONE if applicable

Description of any limitation, concern, or restriction on camp activities

Please indicate if camper is currently or in past 12 months has been under care of a mental health care provider (If YES, family will be required to have mental health provider to complete/sign additional form)

Yes No

Please list all medications the patient/camper takes (including drug/dosage/frequency)
You will also be required to complete the medication form AND the
mymedschedule.com

The camper's vaccinations are up to date: Yes No

and, I have supplied the up to date written immunization records. If your camper is missing any of the requirements, you must make arrangements to have ALL of these and supply updated record.

I hereby verify that the information on this form concerning health matters and medications is correct. In my opinion, this child is able to participate in Camp Weekaneatit 2019.

Physician's Signature _____

Physician's Name (please print) _____

Address _____ **Phone Number** _____