

Parent, guardian, or physician may complete this information.

Child Name: _____ Birthdate _____ Sex _____ Age _____

GENERAL QUESTIONS (Explain "YES" answers below.)

BP _____ WEIGHT _____ HEIGHT _____

T B MANTOUX TEST/DATE OF LAST TEST _____
RESULT: ___ POSITIVE ___ NEGATIVE

PLEASE INDICATE DATE OF IMMUNIZATIONS:

	Mo./Yr.	Mo./Yr.	Mo./Yr.	Mo./Yr.	Mo./Yr.
DTP	_____	_____	_____	_____	_____
DT	_____	_____	_____	_____	_____
German Measles	_____	_____	_____	_____	_____
Mononucleosis	_____	_____	_____	_____	_____
Mumps	_____	_____	_____	_____	_____
Rubella	_____	_____	_____	_____	_____
Hamophilus influenza B	_____	_____	_____	_____	_____
HEPATITIS B	_____	_____	_____	_____	_____
Varicella (Chicken Pox)	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____

Current treatment/Medications: Any Limitations: _____

Allergies: _____ None _____ Yes (List): _____

Additional Health Information _____

Recommendations/Restrictions while at camp:

Does the child have a bronchial inhaler, bee sting kit, epi-pen or other health related device?

Medication(s) to be administered (Includes dosages and times of administration); _____

Any medically prescribed meal plan or dietary restrictions: _____

To the best of my knowledge, there _____ is _____ is not, a medical contraindication to administering acetaminophen (Tylenol).

Camper's Licensed Physician's Name (Please Print): _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Date of completion of this form ___/___/___

I hereby attest that the information on both side of this form is correct.	
_____	_____
Guardian/Parent/Physician Signature	Date

Camp Yomawha is licensed by the Rockland County Department of Health, and is inspected annually. Inspection reports are filed in the Camp Office.