



MEDICAL FORM—Required of all participants

PLEASE NOTE: Your child's **blue physical form** is sufficient, current within the last 3 years.

Please return to: The Kate, 300 Main Street, Old Saybrook, CT 06475 or
email Robin.Menzies@thekate.org

Please submit ASAP and no later than May 1st.



Child's Name _____ DOB _____
 Parent/Guardian _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell _____ Work _____
 Medical Insurance Carrier _____ ID # _____
 Named of Insured _____

SECTION TO BE COMPLETED BY HEALTH CARE PROVIDER

May participate in all camp activities

Date of Exam ___/___/___

May participate except for

Medical information pertinent to routine care and emergencies: _____

Are there any prescription or over the counter medication(s) this individual needs to take while at camp, including EpiPen/inhaler?

Yes No If yes, indicate names of medication(s): _____

NOTE: A written authorization for the administration of medication at camp is required.

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: _____

NOTE: If the camper has a special health care need or disability that requires special care be taken or provided during camp, an individual plan of care shall be developed with the parent and health care provider.

Is this individual immunized in accordance with the schedule adopted by the Commission of Public Health pursuant to section 19a-7F of the Connecticut General States? Yes No

Additional comments: _____

Printed name of Health Care Provider _____

Address _____ Phone _____

Signature of Physician, PA, APRN or RN _____ Date _____