

Child's Name

Date of Birth

Male

Female

Physician's Examination

Health Form 

Date of Exam

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activity.

Height

Weight

Pulse

Blood Pressure

Hct/Hgb Test

Urinalysis

Please rate the following:

V - Satisfactory

X - Not satisfactory

O - Not examined

Eyes

Glasses/
Contacts

Ears

Nose

Throat

Teeth

Heart

Lungs

Abdomen

Hernia

Extremities

Skin

Posture

General Appraisal

Please address any concerns from above.

Medications

Please list any medications the child is currently taking.

Allergies

Please list any allergies the child may have.

Seizures

Yes No

If yes, please describe and attach seizure protocol, if applicable.

For females:

Yes No

Yes No

Yes No

Special considerations:

Has this person menstruated? If yes, is her menstrual history normal? If not, have they been told about it?

Recommendations and restrictions while at Harbor Haven

Special diet

Swimming

Strenuous activity

Other

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is able to engage in Harbor Haven activities, except as noted above.

Examining Physician's Signature

Today's Date

Physician's Phone #

Physician's Email

Child's Name

Date of Birth

Male

Female

Immunization Form

Health Form 

Please complete this form and return it to the camp as soon as possible. Your Health Form will not be complete without it.

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Latest
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DTap or TDaP

Diphtheria, tetanus, pertussis

mm/dd/yyyy

Tetanus, Pertussis booster

MMR

Mumps, measles, rubella

IPV

HIB

Haemophilus influenza type B

PCV

Pneumococcal

Hepatitis B

Hepatitis A

Chicken Pox

Varicella

MCV4

Meningococcal meningitis

H1N1

Swine flu

Flu Shot



If any of the immunizations above have not been received, please explain why. Use the other side if necessary.

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Daily Medication Administration Form

Please provide the Harbor Haven nurse with at least a two week supply of your child's medication(s) prior to the start of the program. Medication must be in it's **original prescription bottle** and match the dosage listed below. Pre-cut any tablets which are not given whole.

Only list medications that need to be given at Harbor Haven

Medication	Dosage	Administration Time	Reason	Possible Side Effects	Prescribing Physician's Name & Signature	Prescribing Physician's Telephone Number

New campers: Bring medication when you come for New Camper Orientation on Sunday, June 27th. If you are not able to attend orientation, or for **returning campers**, please call the camp office to arrange a time to drop off the medication before your child's first day of camp. **DO NOT PUT MEDICATIONS IN YOUR CHILD'S BACKPACK.**

I hereby give permission for the nurse at Harbor Haven to administer the above named medications.

Signature of Parent/Guardian

Date

This form must be complete, including the Physician's signature, for the nurse to be legally allowed to dispense the medication(s) listed above. Reminder: Each medication must be given in it's own labeled prescription bottle that matches these directions or it cannot be given. Thank you for your cooperation.