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 camp activities, which may be strenuous.

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 on the following page.

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 Has this person menstruated?

☐ Yes ☐ No If yes, is her menstrual history normal?

☐ Yes ☐ No If not, have they been told about it?

Special considerations:

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

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. If your camper does not need to take medication at camp, this form does not need to be submitted.

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 BACKBACK**.

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.

908-964-5411 harborhaven.com info@harborhaven.com

Name | Date of Birth | Male ☐ | Female ☐

Immunization Form

Camper's physician must complete this form or provide their own Immunization Form. The Health Form is not complete without it. Please return it to camp as soon as possible.

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Latest
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 Meningoccal meningitis						
H1N1 Swine flu						

Flu Shot mm/dd/yyyy

COVID-19 Dose 1 mm/dd/yyyy | Dose 2 mm/dd/yyyy

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

Harbor Haven — Come Learn & Grow — Building Skills. Building Confidence.