

## YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS AND STAFF

S<sub>A/LS & TRAN</sub>S

Physical Exams Are Valid for 3 Years from Date of Last Examination

## PLEASE EMAIL COMPLETED FORM TO SailsAndTrails@gsailingcenter.org

Camper Staff			
	_	25. 1	DI.
			Phone
Guardian			
			Telephone
			ARE PROVIDER
		Date	of Exam/
May participate in all camp activities YE  May participate except for:	<u>—</u>		
Does the individual have any known medical of individual's functional ability to participate sat.  If yes, please explain	fely in a youth camp'	? YES	□NO
Are there any prescription or over the counter  If yes, indicate names of medication(s):  NOTE: A written authorization and parent per			
Does the individual have any disabilities or sp.  If yes, please explain		•	
	e shall be developed	with the parent an	care be taken or provided during the time the ad health care provider and updated as necessary. her emergency and signed by the parent and staff
If camper/staff is school aged or younger, have Public Health pursuant to section 19a-7f of the			vith the schedule adopted by the Commissioner of YES NO
Additional Comments			
Printed Name of Health Care Provider:			
Address:			Phone:
Signature of Physician, PA, APRN or RN			Date Form Signed: