

★ SARAH BROOKS ★  
★ Five Star Training ★

Horse Day Camp Summer 2010

Health Form

Every ECEC camper must have had a physical within the 18 months immediately preceding the start date of the camp session at ECEC. \*THIS FORM IS TO BE FILLED OUT BY A PHYSICIAN\*

Date: \_\_\_\_\_

\_\_\_\_\_ (Camper's Name) was examined and found to be in good health and immunizations are current.

Date of last tetanus shot? \_\_\_\_\_

Any activity restrictions or limitations? \_\_\_\_\_

Allergies? \_\_\_\_\_

Is the applicant under Doctor's care for any condition? \_\_\_\_\_

Current treatment at time of report includes: \_\_\_\_\_

Medications? \_\_\_\_\_

Name, dosage, frequency etc. \_\_\_\_\_

Special instructions for camp counselors? \_\_\_\_\_

Is camper in good health and able to participate in all camp activities? Restrictions?

Any treatment(s) to continue while at camp? \_\_\_\_\_

Any additional information that you, the examining physician, feel would be beneficial for ECEC to know, for the care of the camper \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

\*A standard physician's school or camp health card may be used in place of this form.