Star Hill Family Athletic Center
100 Gerber Drive
Tolland, CT 06084
860-871-8800
www.starhillsports.com

Youth Camp Health Exam/Record

Physicals are Valid for 3 Years from Date of Last Examination

Please Return Completed Form to the Camp Prior to Arrival

TO BE COMPLETED BY PARENT, GUARDIAN, OR STAFF (if over 18)

☐ Camper

☐ Staff

Camper / Staff Name _____ Date of Birth _____/_____/_____ Phone # _____

Parent / Guardian _____ Address _____

Emergency Contact _____ Phone # _____

Date of Arrival at Camp _____ Departure Date _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

_____ May participate in all camp activities

Date of Exam : _____ / _____ / _____

_____ May participate except for : _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking perscription or over the counter medication(s)? ☐ Yes ☐ No

List Medications :

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: _____

or special behavioral needs? _____

This camper/staff member is up-to-date on all the following childhppd immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal conjugate		
Tetanus			Polio		

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ State _____ Zip Code _____

Signature of Physician, PA, APRN, or RN

Date Form Signed

Telephone #