



Star Hill Family Athletic Center

100 Gerber Drive
Tolland, CT 06084
www.starhillsports.com

860-871-8800

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 #