

# Camp Misquah Medical Form 2022 (Page 1)

Camper Name: \_\_\_\_\_ Camper DOB: \_\_\_\_\_

Current Medication	Dose	Time(s) of Administration	Reason for medication

# Camp Misquah Medical Form 2022 (Page 2)

**Camper Name:** \_\_\_\_\_ **Camper DOB:** \_\_\_\_\_

Allergies	Reaction (i.e. itchiness, nausea, etc.)

\*This document must be signed by a physician for the camper to be admitted to camp.

I have reviewed this client's health status and believe him/her/them to be fit to attend a residential summer camp program for one week (if more than one week, please explain)

Comments:

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**Name of Parent/Caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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