



MUST BE SUBMITTED 4 WEEKS BEFORE CHILD'S CAMP SESSION

To be filled out by Licensed Physician

Session: Overnight Camp 1 2 3 4 Day Camp 1 2 3 4

Camper Name: _____ Male Female
Last First Middle

Child's Address: _____ Birth date: ___/___/___

City: _____ State: _____ Zipcode: _____

Physical exam done today: Yes No (if "no" date of last Physical: _____)

ACA accreditation standards specify physical exam within last 12 months from the date child is attending camp.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure: _____/_____

Allergies: No known Allergies

Food (list): _____

To Medications: (list): _____

To the environment (list): _____

Other allergies: (list): _____

Please describe reactions:

Diet, Nutrition: Eats a regular diet Has a medically prescribed meal plan or dietary restrictions: (describe below)

The child is undergoing treatment at this time for the following conditions: (describe below)

Medication: No daily medications Will take the following prescribed medication(s) while at Camp: (name, dose, frequency)

Other treatment/therapies to be continued at Camp: (describe below) None needed.

Do you feel that the child will require limitations or restrictions to activities while at Camp? Yes No (if yes, what do you recommend)

"I have discussed the Camp program with the child's parent/guardian. It is my opinion that the camper is physically and emotionally fit to participate in an active Camp program (except as noted above)"

Name of licensed provider (print): _____ Signature: _____ Title: _____

Office Address: _____ Phone #: _____

Date: _____

SEE REVERSE FOR IMMUNIZATION HISTORY

Session: (for camp use) Unit: (for camp use) Camper First Name: Camper Last Name:

Vaccines required before the first day of camp

If a child doesn't have all the required doses of a vaccine, she/he must within two weeks of camp:

- Receive the next dose, if medically appropriate.
- Have a parent/guardian provide a medical plan if the next dose isn't the final dose of the series.
- Have a parent/guardian provide a medical plan if the next dose is not medically appropriate.

Immunization History: Provide the month and year for each immunization.

Copies of immunization forms from health-care providers or state or local government are acceptable; please attach printout to this form.

Required to attend camp:

All Grades	Doses	Notes	Dates given			
Tetanus, diphtheria, pertussis (DTP/Dtap/DT/Td, or Tdap)	4*	1 dose on or after age 4 years				
Polio (OPV/IPV)	4 **	4 th dose on or after age 4 years, at least 6 months after previous dose				
Measles, mumps, rubella (MMR/MMRV)	2	On or after age 1 year				
Hepatitis B (HBV)	3					
Chickenpox (Varicella/MMRV)	2 ***	On or after age 1 year				
By 7th grade	Doses	Notes				
Meningococcal conjugate vaccine (MCV4)	1	On or after age 2 years				
Tetanus, diphtheria, pertussis (Tdap)	1	On or after age 7 years				
By 12th grade	Doses	Notes				
Meningococcal conjugate vaccine (MCV4)	2	If 1 st dose given at age 16 years or older, only 1 dose is needed to enter 12 th grade				
*	Only 3 doses of Td-containing vaccine are necessary if series started on or after age 7 yrs and at least one dose is Tdap					
**	A 4 th dose is not necessary if 3 rd dose was given at age 4 years or older and at least 6 months after the previous dose					
***	Or documentation of immunity by lab test or written statement from parent, guardian, or physician					

We require the Camps Licensed Physician form (Form 2) to be completed by licensed medical personnel along with a print out of their immunization history at least four weeks before the session.

Children will be dropped from enrollment if medical form 2 and complete immunization history is not submitted for each child at least four weeks before your child's session start date. You will only have an opportunity to re-enroll once the paperwork is submitted and payment ready if your space has not been immediately filled from the waiting list.

College Settlement Camp will only be allowing Campers who have been fully vaccinated and can produce immunizations records to that effect (signed off by a licensed physician) to attend Camp.

College Settlement Camp's **Vaccination Policy** ("VP") is in accordance with all applicable federal, state, and local regulations. Additionally, the VP was constructed pursuant to guidelines set forth by the Montgomery County Department of Health, the American Academy of Pediatrics, and the Philadelphia Department of Health, among other sources.