

Camper
**Approved by CT-
American Academy
of Pediatrics**

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
State of Connecticut
Physical Exams Are Valid For 3 Years Department of Public Health
From Date of Last Examination
Approved by CT-American Academy of Pediatrics

State of Connecticut
Department of Public Health
Division Community Based Regulation
1-800-282-6063; (860) 509-8045

Staff

Name _____ Date of Birth _____ Phone _____

Guardian _____ Address _____

Emergency Contact _____ Telephone _____

Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam _____

_____ May participate in all camp activities

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription medication? YES NO

If yes, indicate prescription: _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood 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			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

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

Signature of Physician, APRN or PA

Date Form Signed

Telephone Number

CONNECTICUT IMMUNIZATION SCHEDULE

This chart shows acceptable age ranges for shots. Ask your health-care provider to tell you when your child should get shots. For *Immunization questions* only call 1-860-509-7929.

CHILD'S AGE	SHOT(S)
Birth - 2 months	Hep B #1 (hepatitis B)
1-4 months	Hep B #2 - at least 1 month after Hep B #1
2 months	DTP/DTaP/DT #1 (diphtheria, tetanus and pertussis), OPV/IPV #1 (polio), Hib #1 (Haemophilus influenzae type b) - DTP/Hib may be combined as Tetramune or ActHIB/DTP, DTaP-Hib is combined as Tri HIBit
4 months	DTP/DTaP/DT #2, OPV/IPV #2, Hib #2
6 months	DTP/DTaP/DT #3, Hib #3
6-18 months	Hep B#3, OPV/IPV #3
12-15 months	Hib #4, MMR #1 (measles, mumps and rubella)
12-18 months	Varivax (varicella/chickenpox vaccine) Children born after December 31, 1996
15-18 months	DTP/DTaP/DT #4
Before starting school (4-6 years)	DTP/DTaP/DT #5, OPV/IPV #4, MMR #2
11-12 years	Varivax (if your child has not had the chickenpox shot, and has never had chickenpox), Hep B (if your child has not had the hepatitis B shots), MMR #2 - A second dose of measles is required for entry into 7th grade
11-16 years	Td (tetanus, diphtheria)

*Effective August 29, 1996, Hepatitis B vaccine is required for all enrolled children born after December 31, 1993.

Required Immunizations - Must be given by the end of the stated month of life listed under "CHILD'S AGE". For example, immunizations required at two months must be given prior to the child turning three months in order for the child to continue in the program.

HEALTH FORM

FOR ALL STUDENTS PARTICIPATING IN YPI

It is required that *both* sides of this form be completed and returned before YPI begins. No camper may attend YPI without both forms being completed and signed with by parent/guardian and physician.

Student Name: _____ Date of Birth: _____

PERMISSION FOR MEDICAL CARE

I hereby grant permission to the Director of YPI, or his designee, to secure appropriate routine or emergency medical treatment for my child while attending YPI.

Parent signature: _____ Date: _____

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY

Name: _____ Relationship: _____

Address: _____

Phone (home): _____ Phone (work): _____ Mobile: _____

INSURANCE INFORMATION

Policy Holder's Name: _____

Insurance vendor: _____

Policy Number: _____

PERMISSION TO ATTEND CAMP TRIPS AND ACTIVITIES

I hereby grant permission for my son/daughter to attend camp trips outside Suffield Academy with camp staff. YPI will provide buses or authorized vehicles.

Parent signature: _____ Date: _____