

WPSD Summer Camp Physical Examination Form

(Please Print)

Full name of Camp Applicant: _____

Date of birth: ____/____/____

Date of exam: ____/____/20____

Height: _____ Weight: _____ lbs. Blood Pressure: _____ Hair color: _____ Eye color: _____

Health History



Yes No

- ____ Frequent Ear Infections
- ____ Cardiovascular Disorders
- ____ Epilepsy/Seizures
- ____ Diabetes
- ____ Bleeding/Clotting Disorders
- ____ Asthma
- ____ Chicken Pox
- ____ Recent Concussions or Head Trauma
- ____ Others:

Yes No

- ____ Vision Problems
- ____ Mobility Problems
- ____ Social / Emotional Disorders

Explanation: _____

* Allergies (please list if "yes")

➔ Major surgeries or serious injuries? _____ Chronic illnesses? _____

➔ Physical Limitations? _____

➔ Dietary restrictions or requirements? _____ Vegetarian? _____ No pork products? _____ Other? _____

➔ Additional handicaps and aid requirements? _____

➔ _____ This child **MAY** participate in all camp activities some activities include; swimming, biking, hiking, white water rafting, horseback riding, and ice skating.

_____ This child **MAY NOT** participate due to the following restrictions:

➔ Current medication/s: Physician's written orders must be submitted with all prescription medications:

(All medications must be in original containers.

NO unmarked bottles or baggies are accepted.)

(Please attach a copy of Immunization Record)

The above information is up to date about my child.

Parent's Name: _____ Parent's signature _____

(Print)

Address: _____ Date: _____

Telephone number: () _____