

2019 HTGC SUMMER VEDIC CAMP: HEALTH EXAM FOR CHILDREN ATTENDING CAMP

Name: _____ Date of Birth: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 1 Name: _____

Parent/Guardian 1 Home Number: _____ Work Number: _____ Cell Number: _____

Parent/Guardian 2 Name: _____

Parent/Guardian 2 Home Number: _____ Work Number: _____ Cell Number: _____

Emergency Contact Name : _____ Contact Number: _____

NOTICE: ALL REGISTRANTS MUST PROVIDE COPY OF UPDATED IMMUNIZATION RECORD

TO BE COMPLETED BY MEDICAL PRACTITIONER

(COPY OF FORM SUBMITTED TO REGULAR SCHOOL WILL ALSO BE ACCEPTED)

Date of Exam: _____

_____ May participate in all camp activities

_____ May participate except for: _____

Is this individual taking prescription medication? ___YES ___NO

If yes, please specify: _____

Does this individual have allergies? ___YES ___NO

If yes, please specify: _____

Is this individual on a special diet? ___YES ___NO

If yes, please specify: _____

Is this individual up-to-date on immunization? ___YES ___NO

If yes, please specify: _____

Signature of Physician: _____ Date: _____

Printed name of Physician: _____ Phone Number of Physician: _____

Address of Physician:
Address _____ City _____ State _____ Zip _____