Brantwood Camp

PO Box 3350 *603-924-3542*
Peterborough NH 03458 *brantwoodcamp@gmail.com*

Annual Camper Physical Form

This form is to be completed by the Camper's Physician; any restrictions to participation in a physically active camp program must be documented. The Camper's Physician may substitute their own form in the place of this one.

****A complete record of the Camper's Immunizations must also be provided****

Date of Most Recent Physical Examination:_____
(To be valid this exam must have been completed after August 1, 2022)

Child's Name (First & Last):_____

Child's Date of Birth:_____ Date of Last Tetanus Shot:_____

Height:_____ Weight:_____

Significant Medical History (past surgeries, previous injuries, hospital visits, diagnoses, etc relevant to the Child's participation & life at camp):_____

_____

Please list All Known Allergies (Food, Medications, Environmental):_____

_____

How does the Allergy manifest?_____

What triggers the Allergy?_____

What is the recommended treatment?_____

Current Medications & Treatments:_____

_____

Does your Camper take any medications or treatments that they will NOT be taking while at camp? Please explain_____

_____

Does your Camper require an EpiPen or Inhaler?*(circle one)* **Yes** **No**
If you are sending an EpiPen or Inhaler with your Camper, please make sure to complete the Permission Form. Make sure the EpiPen & Inhaler are labeled properly & up to date

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Any medically prescribed meal plans or dietary restrictions (vegetarian, vegan, lactose intolerant, etc):_____

Menstrual Cycle (please note, this information is confidential and will only be shared with our Staff when necessary to support your Camper)

Has your Camper had their first Menstrual Cycle?*(circle one)*	**Yes**	**No**
If **NO**, have they been told about it?(circle one)	**Yes**	**No**
If **YES**, is their cycle regular?	**Yes**	**No**
May your Camper use Tampons?	**Yes**	**No**

Over the Counter Medication Permissions

May the following OTC medications be given to your Camper?

Acetaminophen (Tylonol)	**Yes**	**No**
Antibiotic Cream	**Yes**	**No**
Antihistamines (Benadryl, Clariton, Zyrtec)	**Yes**	**No**
Calamine Lotion	**Yes**	**No**
Hydrocortisone Cream	**Yes**	**No**
Ibuprofen (Advil, Motrin)	**Yes**	**No**
Midol	**Yes**	**No**
Pepto-Bismol	**Yes**	**No**
Robitussin	**Yes**	**No**
Sudafed	**Yes**	**No**
Sunburn Spray	**Yes**	**No**
Insect Repellant	**Yes**	**No**

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Examination was normal unless abnormalities noted here: _____

_____

This patient is fit for unrestricted participation in competitive sports and physical camp activities unless otherwise noted here: _____

Licensed Physician
Printed Name: _____

Signature:_____Date:_____

Date of Form Completion:_____

This Physician can be contacted at:

Name of Practice/Office/Hospital:_____

Address:_____

City, State, Zip Code:_____

Phone Number:_____