

Brantwood Camp

PO Box 3350
Peterborough NH 03458

603-933-0942
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 (Tylenol)	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: _____