

# **Brantwood Camp**

PO Box 3350  
Peterborough NH 03458

603-933-0942  
brantwoodcamp@gmail.com

## **Annual Camper Medical Form**

*This form can be completed by a Camper Parent/Guardian in lieu of the online Medical Form; any restrictions to participation in a physically active camp program must be documented.*

**\*\*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, 2023)

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Child's Name (First & Last): \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

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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*

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)	<b>Yes</b>	<b>No</b>
Antibiotic Cream	<b>Yes</b>	<b>No</b>
Antihistamines (Benadryl, Clariton, Zyrtec)	<b>Yes</b>	<b>No</b>
Calamine Lotion	<b>Yes</b>	<b>No</b>
Hydrocortisone Cream	<b>Yes</b>	<b>No</b>
Ibuprofen (Advil, Motrin)	<b>Yes</b>	<b>No</b>
Midol	<b>Yes</b>	<b>No</b>
Pepto-Bismol	<b>Yes</b>	<b>No</b>
Robitussin	<b>Yes</b>	<b>No</b>
Sudafed	<b>Yes</b>	<b>No</b>
Sunburn Spray	<b>Yes</b>	<b>No</b>

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Insect Repellant		<b>Yes</b>	<b>No</b>
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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: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Physician can be contacted at:

Name of Practice/Office/Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_