



CIRCLE T RANCH SUMMER CAMP
Camper Health Record

Child's Name _____ Date of Birth _____

Parent's Name _____ Telephone # _____

Child's Address _____

This form must be filled out by a Licensed Healthcare Provider.

- 1.) *Attach a Current Immunization Certificate.*
- 2.) *List any current medications that will need to be administered at camp (List Name, Dosage, Frequency).*

- 3.) *List any food or medication allergies.*

I HAVE EXAMINED THIS CHILD AND OBTAINED A MEDICAL HISTORY.

_____ *There were no apparent medical findings that would restrict participation in routine camp activities and horseback riding.*

_____ *The following is a list of activities that should be restricted because of a listed medical condition.*

Licensed Provider's Name

Provider's Signature

Date

Provider's Address and Phone Number