



HEALTH FORM for CAMP ELYON 2024

Fax Number- 845-414-0007

Email - campelyonoffice@gmail.com

This form must be completed before the start of camp. No child will be permitted to enter the campgrounds without this form.

Last Name of child being examined _____ First Name _____

Date of examination _____

Home telephone # _____ Work/Cell phone # _____

Emergency phone # _____

IMMUNIZATIONS:

Polio _____ Oral _____ Injectable _____ Varicella _____

DPT _____ HIB _____

MMR _____ Hepatitis B _____ Tine Test (most recent) _____

Physical Growth: Normal _____ Abnormal _____

If abnormal, please describe _____

Mental Growth: Normal _____ Abnormal _____

If abnormal, please describe _____

Height _____ Weight _____ Blood Pressure _____

ALLERGIES

Drugs _____

Insect _____

Food _____

Any conditions requiring special attention: _____

I hereby certify that there is nothing to preclude this child from a normal camp regimen.

Signature of Physician

Please print or type

Address

Phone #