

# MANSFIELD PARKS & RECREATION

## FULL DAY CAMP HEALTH EXAM/RECORD FOR CAMPERS



Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade entering (Fall 2022) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

**Camp Mansfield Sessions Attending:**

- Session 1 (6/27-7/1)  
  Session 2 (7/5-7/8)  
  Session 3 (7/11-7/15)  
  Session 4 (7/18-7/22)  
 Session 5 (7/25-7/29)  
  Session 6 (8/1-8/5)  
  Session 7 (8/8-8/12)  
  Session 8 (8/15-8/19)

Other Camp Sessions Attending: \_\_\_\_\_

Does the camper have allergies?      NO       YES       Explain: \_\_\_\_\_

Is the camper on a special diet?      NO       YES       Explain: \_\_\_\_\_

Describe any current health conditions requiring medications, treatment, or special restrictions or considerations while at camp.

\_\_\_\_\_

Authorized camp staff may administer limited medication (epipens, asthma inhalers, or approved extraordinary situations) during the camp day in accordance with town policy. Campers are not allowed to carry their own medications with the exception of inhalers and epipens. Self-administration of epipens and asthma inhalers require a self-administration of medication form to be completed by a parent/guardian **and a medical provider**. Forms available upon request.

Does the camper need special assistance or have any physical, sensorial, or developmental limitation?  
 NO       YES

**If yes, a "Special Assistance" form must be filled out 15 days before attending camp.**

Please request the special assistance form at the Community Center.

This camper is up-to-date on all the following routine childhood immunizations thru 8/31/22:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

**Comments:** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date Form Signed