



**MANSFIELD PARKS & RECREATION
CAMP HEALTH EXAM/RECORD FOR CAMPERS
Summer 2026**

Please write
legibly!

Camper Name _____ Date of Birth _____ Grade entering (Fall 2026)
 _____ Parent/Guardian _____ Address _____
 _____ Emergency Contact _____
 Telephone _____

Camp Mansfield Sessions Attending:

- Session 1 (6/22-6/26) Session 2 (6/29-7/2) Session 3 (7/6-7/10) Session 4 (7/13-7/17)
 Session 5 (7/20-7/24) Session 6 (7/27-7/31) Session 7 (8/3-8/7) Session 8 (8/10-8/14)

Other Sports or Specialty 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 completed "Special Assistance" form must be returned 15 BUSINESS 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 through 8/31/26:

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

Comments: _____

Parent/Guardian Signature

Date Form Signed