MANSFIELD PARKS & RECREATION

APRIL CAMP HEALTH EXAM/RECORD FOR CAMPERS

April Camps 2026

Please write legibly!

Camper Name _____ Date of Birth _____ Grade _____

Parent/Guardian _____ Address _____

Emergency Contact _____ Telephone _____

Please List Camp 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 8/31/25:

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

Comments: _____

_____

_____ _____

Parent/Guardian Signature Date Form Signed