

\*\*\*\*\***IMPORTANT**\*\*\*\*\*  
MUST BE SIGNED BY A  
PHYSICIAN

**NATIONAL COMPUTER CAMPS, INC.**  
102 Shorefront, Milford, Connecticut 06460  
Email: info@NCCamp.com (203) 710-5771

# Camp Health Form

**IMPORTANT (CIRCLE ONE)**  
My child is registered for camp in  
  
Connecticut      Georgia

**This form is available at [www.NCCamp.com/forms](http://www.NCCamp.com/forms)**

NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
(LAST) (FIRST)

ADDRESS \_\_\_\_\_ PHONE (      ) \_\_\_\_\_  
(STREET) (TOWN) (STATE) (ZIP)

IN EMERGENCY, NOTIFY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (      ) \_\_\_\_\_

**TO BE COMPLETED BY THE PHYSICIAN**      **Date of the Exam** \_\_\_\_\_

\_\_\_\_ Camper may participate in all camp activities

\_\_\_\_ Camper may participate except for \_\_\_\_\_

Medical information pertinent to routine care and emergencies \_\_\_\_\_

Is the camper taking prescription medication? Yes \_\_\_ No \_\_\_

If yes indicate prescription \_\_\_\_\_

**Connecticut campers must also complete the Rx Authorization Form  
Available at [www.nccamp.com/forms](http://www.nccamp.com/forms)**

This camper is up-to-date on all the following routine childhood immunizations:

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

\*\*\*\*\* **IMPORTANT** \*\*\*\*\*

THE ABOVE NAMED PERSON IS IN SATISFACTORY CONDITION AND MAY ENGAGE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED.

**EXAMINING PHYSICIAN'S OWN SIGNATURE (NO STAMP)** \_\_\_\_\_ **DATE** \_\_\_\_\_

PRINT PHYSICIAN'S NAME \_\_\_\_\_ TELEPHONE (      ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ STATE LICENSED IN \_\_\_\_\_ LIC.# \_\_\_\_\_

**MAIL THIS FORM TO THE CAMP OFFICE AS SOON AS POSSIBLE. AFTER JUNE 15<sup>th</sup> BRING IT TO CAMP.  
NO CAMPER WILL BE ADMITTED TO CAMP WITHOUT HAVING THIS FORM ON FILE AT CAMP.**