

PHYSICIAN'S MEDICAL FORM
ECHO HILL RANCH – Summer, 2012

Exam by a physician should be completed within 3 months of the first day of camp.

Please return form no later than May 1, 2012.

To Echo Hill Ranch, 8601 Georgia Ave #810, Silver Spring, MD. 20910

Or Fax to 301-588-4041 or Scan/Email to ehbranch@aol.com

Camper Name: _____

Date of Birth: _____

Medical Problems:

Allergies (Explain if Yes): _____

Please Medicines to be administered at camp. (Include name of drug, dosage, when it is to be given, and reasons for medication. All medications will be kept securely in the Infirmary and distributed by licensed Camp Nurse.)

Special needs or considerations in child's activity at camp:

Immunizations Up To Date: (Please circle) Yes No

If no, please give reason:

Date of Last Tetanus Vaccine: _____

PHYSICIANS'S STATEMENT: This child has been examined by me and is found to be in good health and is able to participate in all activities. Please note any exceptions to their participating in all activities:

Physician Signature: _____

Date: _____

Date of Exam: _____

Physician's Name (Please Print): _____

Address: _____

Phone Number: _____