

Camp Ponemah Camper Health History

Please complete and return to Camp Ponemah P.O. Box 404 Milford NH 03055.

The State of New Hampshire requires that each camper have a physical examination within one year of camp entrance and that there is documentation of the following. All information is kept strictly confidential and will be used only for the benefit of the child.

**This form is mandatory for your child's enrollment to Camp Ponemah
and is due on or before their first day of camp.**

Camper's Name: _____ D.O.B _____

Address: _____

A. Any medical conditions such as asthma, diabetes, epilepsy, hyper activity, ADHD or allergic reactions to food, bee stings or medications? Please list and medications used.

B. Will/May any medication be administered during the camp day? This includes aspirin or Tylenol.

C. Are there any limitations or restrictions, special needs or requirements the camp staff should be aware of?

D. Immunizations: (List most recent date administered)

Polio TOPV _____

TB _____

MMR _____

Polio EIPV _____

H Infl. Type B _____

Diphtheria _____

Tetanus _____

Impression of child's present state of health:

~Has child ever been stung by a bee?: _____
if yes, reaction: _____

~Has child ever had Poison Ivy?: _____
if yes, reaction: _____

~Does child need to wear ear plugs, while swimming? _____

Physician's Signature

Date

Parent's Signature

Date