

**PHYSICAL FORM
2017**



Please mail this form to:
Mount Sunapee Resort
Attn: Camp Director
PO Box 2021
Newbury, NH 03255

Parent(s)/Guardian(s): Complete this section and give this form and a copy of your completed 'Camp Health History Form' to your child's health-care provider for review.

Dates attending camp: _____

Camper Name: _____

Male Female First Birth Date: _____ Middle Last Age: _____
Month/Day/Year

Camper Home Address: _____
Street Address

City _____ State _____ Zip _____
Custodial parent(s)/guardian(s) phone: (____) _____ (____) _____

For Camp _____
Use only: _____
Dates attending camp: _____
Camper Last Name: _____

Medical Personnel: Please review the Camper Health History Form and complete all remaining sections of this form. Attach additional information if needed.

Physical exam done today: Yes No Date of last physical: _____

Weight: _____ lbs Height: _____ ft _____ in

Blood pressure: _____ / _____

Allergies: No known allergies
To Food (list) _____
To Medication (list) _____
To the environment (list) _____
Other allergies (list) _____

Describe previous reactions:

Diet, Nutrition:

The camper is undergoing treatment at this time for the following conditions: (describe below) None

Medications:

Do you feel that the camper will require limitations or restrictions to activity while at camp? None

"I have reviewed the 'Camper Health History Form', and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above)."

Name of licensed provider: _____ Telephone: (____) _____

Office Address: _____
Street City State Zip Code

Signature: _____ Date: _____

Camper First Name: _____