

Kids4Peace - Medical Exam & Immunization Record

Name of Participant

Date of most recent physical exam

Any recent injuries or existing medical conditions?

If yes, please explain (use back or attach page if necessary)

Yes

No

Any restrictions on activity at camp?

If yes, please explain (use back or attach page if necessary)

No

Yes

Immunizations. Must include month, day and year

DTP Series 1.

2.

3.

4.

Polio 1.

2.

3.

4.

Hepatitis B 1.

2.

3.

MMR 1.

2.

Hepatitis A 1.

2.

Chicken Pox 1.

2.

Tetanus(Td) 1.

2.

One booster must be within the last 5 years

Medications. List ALL medications to be taken at camp (use back or attach page if necessary)

Medication name & dosage

Times to give

Purpose & instructions

Medication name & dosage

Times to give

Purpose & instructions

Medication name & dosage

Times to give

Purpose & instructions

I verify that the information above is true to the best of my knowledge.

Signature

Date

Physician
Name

Phone

Name of Participant

Explanation of medical conditions

Explanation of restrictions on activity

Additional Medications. List ALL medications to be taken at camp

Medication name & dosage	Times to give	Purpose & instructions
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