



... a summer program for gifted children



MEDICAL REPORT FORM

To be completed by physician and parent of student

FOR OFFICE USE ONLY

Group _____

Session _____

Child's Last Name _____ First Name _____ Date of Birth _____

Male ___ Female ___ Address _____

Home Phone _____ Business Phone _____ Emergency Phone _____

Emergency Contact _____
Name _____ Relationship to Child _____

Parents' Names _____

In the event that I or my designated family physician cannot be reached in case of an **EMERGENCY**, I hereby authorize the physician selected by the camp director to secure proper treatment, to hospitalize, to order injection, anesthesia, or surgery for my child, named below:

Student's Name _____ Parent's Signature _____ Date _____

PHYSICAL EXAMINATION

Height _____ Weight _____ Glasses _____ Contact Lenses _____ Hearing Aid _____

Allergies

Seasonal _____ Medications _____

Year Round _____ Medications _____

Any medications to be kept at camp? _____

INDICATE PROBLEMS WITH ANY OF THE FOLLOWING:

Ears ___ Eyes ___ Nose ___ Throat ___ Lungs ___ Heart ___ Gastro-Intestinal ___ Uro-Genital ___ Orthopedic ___

Explain: _____

Immunizations

(Indicate Dates) Polio _____ Polio Booster _____ Measles _____

Mumps _____ Rubella _____ DPT _____ Tetanus Booster _____

Is there any information concerning child's physical health that the program director should know? _____

Are there any restrictions that should be placed on this child's activities? _____

Physician

Name (please print) _____ Phone _____

Address _____

Physician's Signature _____