



Return Completed Form:
 Camp MOE
 314 Main Street
 Torrington, CT 06790
 860-618-2800
 Sept to June 15 Fax: 860-489-2492
 June 16 – Aug. Fax: 860-618-2799

**Youth Health Exam/Record
 For Campers and Staff**

PHYSICAL EXAMS ARE VALID FOR 3 YEARS FROM DATE OF LAST EXAMINATION

Camper Staff

Name _____ Date of Birth _____ Phone# _____
 Guardian _____ Address _____
 Emergency Contact _____ Phone # _____
 Session (s) _____

TO BE COMPLETED BY SPECIFIED MEDICAL PRACTITIONER

Date of Exam ____/____/____

May participate in all camp activities ____ Yes ____ No

May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Are there any prescription or over the counter medication(s) this individual needs to take while at camp (this includes camp overnights)?

Yes No

If yes, indicate names of medication(s): _____

NOTE: Written authorization and parent permission is required for the administration of any medication while at camp.

Does the individual have allergies? ____ Yes ____ No Explain: _____

Is the individual on a special diet? ____ Yes ____ No Explain: _____

Does the individual have special needs? ____ Yes ____ No Explain: _____

NOTE: If the camper has a special health care need or disability that requires special care be taken or provided during the time the individual is at camp, an individual plan of care shall be developed with the parent and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by the parent and staff responsible for the care of the camper.

If camper/staff is school aged or younger, have they been immunized in accordance with the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes? Yes No

Comments: _____

Printed Name of Health Care Provider: _____

Address: _____ Phone: _____

Signature of Physician, PA, APRN or RN _____ Date Form Signed: _____



Health Exam

The Health Exam Form is to be completed by a doctor, PA, APRN or RN. Each camper/staff is required to have had a physical within three years of the time they will attend camp. An up-to-date State of Connecticut Department of Education – Health Assessment Record is also an acceptable form.

Please refer to the following options for returning the completed form to Camp MOE:

Fax (860-489-2492)

Drop off/Mail to - 314 Main Street, Torrington, CT 06790

Upload into CampMinder Account

- Forms & Documents
- Health Exam - Upload

This form must be completed **and** returned to camp three weeks prior to the time the camper will be attending camp. Please note a completed Health Exam is required by the State of Connecticut to be on file for every camper/staff. **Failure to return a completed Health Exam Form prior to the first day of attendance at camp will result in a delayed start for the camper/staff until the completed form is received.**

Thank you for your cooperation.