

**KENWAL DAY CAMP**  
**100 Drexel Ave**  
**Melville, New York 11747**  
**Tel 631.694.3399 Fax 631.694.3841**

TO BE FILLED OUT BY A LICENSED PHYSICIAN. This examination must be performed prior to the start of camp. Examination for some other purpose within this period of time (1 year) is acceptable.

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Hgt \_\_\_\_\_ Wgt \_\_\_\_\_ Extremities \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_

Teeth \_\_\_\_\_ Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_ Posture (spine) \_\_\_\_\_ Skin \_\_\_\_\_

ALLERGIES/specify \_\_\_\_\_

GENERAL APPRAISAL \_\_\_\_\_

ARE ALL IMMUNIZATIONS UP TO DATE?

DPT series \_\_\_\_\_ Booster \_\_\_\_\_ Tetanus Booster \_\_\_\_\_ Typhoid \_\_\_\_\_ Polio \_\_\_\_\_ Booster \_\_\_\_\_

Tuberculin Test \_\_\_\_\_ Measles Vaccine(Live) \_\_\_\_\_ German Measles (Rubella) \_\_\_\_\_ Mumps )Vaccine) \_\_\_\_\_

Haemophilus Influenza type b \_\_\_\_\_ Hepatitis b \_\_\_\_\_ Varicella(Chicken Pox) \_\_\_\_\_

I HAVE EXAMINED THE PERSON HEREIN DESCRIBED AND REVIEWED HIS/HER HEALTH HISTORY.

DATE \_\_\_\_\_ EXAMINING PHYSICIAN \_\_\_\_\_

TELEPHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

I hereby give permission to the Camp Kenwal nurse to dispense any over the counter medicine to my child where she deems it necessary in the event that I cannot be reached.

YES \_\_\_\_\_ NO \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**AUTHORIZATION FOR TREATMENT**

I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE CAMP DIRECTOR TO ORDER X-RAYS, ROUTINE TESTS.TREATMENT AND NECESSARY TRANSPORTATION FOR ME/OR MY CHILD. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION, FOR MY CHILD AS NAMED ABOVE. THIS FORM MAY BE PHOTOCOPIED FOR TRIPS OUT OF CAMP.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE