

2019 Camp Tamarack Physical Examination Form

(All information on this form is confidential)

Must be Filled Out and Signed by Parent

Camper Name:	
Grade:	Age:
Gender:	Birthdate:
Immunizations Dates (or you can attach the form from the Dr.'s office).	
DTP:	TDAP/Polio:
Hepatitis B:	
MMR:	Varicella

Allergies: If yes, explain:
Medications: If yes, explain:

<u>Date of Last Physical (Must Be Within last 24 Months):</u>
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Health Questionnaire

_____ (Y/N) Child is in good health and able to participate in all camp activities.

_____ (Y/N) Child has a condition that may limit participation. If yes, explain.

Does your child have a condition that you would like to inform your child's counselor and the staff directors about? Example-Nightmares, Sleep Walking, etc.

_____ Yes _____ No If yes, please explain on the back.

Clinic Name:
Clinic Phone #:
Clinic Address:

Camp Tamarack only carries secondary health insurance. Please provide your child's insurance information.

Insurance Company:
Ins. Comp. Phone #:
Ins. Policy #:

Parent or Guardian Name _____

Signature of Parent or Guardian _____

Date _____

If you have any questions about this form, please call Davi Axelson at (651) 336-9088.
Mail by July 19, 2019 to: Davi Axelson, 1783 Iglehart Ave. St.Paul, MN 55104