

SLA YOUTH PROGRAM MEDICAL FORM

NOTE: Your Physician may use his/her own form as long as it contains the following information

Camper's Name _____ Date of Birth _____ Sex _____

Parent or Guardian _____ Phone _____

Address – permanent _____

Address – summer _____ Dates _____

Emergency Contact _____ Phone _____

Insurance Company _____ Policy # _____

Allergies _____

Special medical problems / medications _____

Other considerations, especially any relating to overnight camping trips _____

Vaccine	Initial Inoculation Date	Booster Date
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Measles	_____	_____
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Mumps	_____	_____
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Rubella	_____	_____
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Polio.	(1) _____	_____
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.....	(2) _____	_____
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.....	(3) _____	_____
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PHYSICIAN'S CERTIFICATION

I certify that _____ has received a physical examination within one year prior to entrance to camp. Any conditions that would preclude or limit this camper's participation in JSLA activities are listed above.

Physician's Signature _____ Date _____

Physician's Name _____

Physician's Address _____