

*******IMPORTANT*******
MUST BE SIGNED BY A
PHYSICIAN

NATIONAL COMPUTER CAMPS, INC.
 Post Office Box 2186, Milford, Connecticut 06460
 Email: info@NCCamp.com (203) 710-5771

IMPORTANT (CIRCLE ONE)
My child is registered for camp in
 Conn Georgia Ohio New York

Camp Health Form

This form is available at www.NCCamp.com/forms.html

NAME _____ SEX _____ AGE _____ BIRTH DATE _____
 (LAST) (FIRST)

ADDRESS _____ PHONE () _____
 (STREET) (TOWN) (STATE) (ZIP)

IN EMERGENCY, NOTIFY _____ RELATIONSHIP _____

ADDRESS _____ PHONE () _____

TO BE COMPLETED BY THE PHYSICIAN **Date of the Exam** _____

____ Camper may participate in all camp activities

____ Camper may participate except for _____

Medical information pertinent to routine care and emergencies _____

Is the camper taking prescription medication? Yes ___ No ___

If yes indicate prescription _____

Connecticut campers must also complete the Rx Authorization Form
Available at www.nccamp.com/forms.html

This camper is up-to-date on all the following routine childhood immunizations:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

******* IMPORTANT *******

THE ABOVE NAMED PERSON IS IN SATISFACTORY CONDITION AND MAY ENGAGE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED.

EXAMINING PHYSICIAN'S OWN SIGNATURE (NO STAMP) _____ DATE _____

PRINT PHYSICIAN'S NAME _____ TELEPHONE () _____

ADDRESS _____ STATE LICENSED IN _____ LIC.# _____

MAIL THIS FORM TO THE CAMP OFFICE AS SOON AS POSSIBLE. AFTER JUNE 15th BRING IT TO CAMP.
NO CAMPER WILL BE ADMITTED TO CAMP WITHOUT HAVING THIS FORM ON FILE AT CAMP.