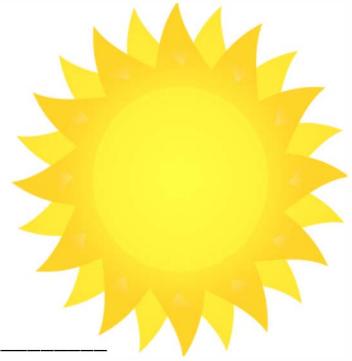




SILVER POINT BEACH CLUB DAY CAMP CAMPER MEDICAL FORM 2026



Please print clearly in blue/black ink

Complete one for each camper ~ **RETURN BY JUNE 1ST, 2026**

Date: _____

Camper's Full Name: _____

Date of Birth: _____ Height: _____

Weight: _____

Immunization History:

Please record the date (month and year) of immunizations and most recent booster doses.

DPT _____

Hepatitis B _____

Haemophilus influenza type b _____

MMR _____

Polio _____

TB Tine or PPD _____

Varicella _____

Health History:

Please check and give approximate dates.

Measles _____

German Measles _____

Mumps _____

Chicken Pox _____

List any known drug allergies: _____

Any known food allergies/dietary restrictions: _____

Additional health information/special remarks:

I have examined the above patient on ____/____/____

S/he is in good health and may participate in all camp activities without restrictions.

Physician's Signature: _____ License #: _____

Address: _____ Phone #: _____

I hereby give my permission to Silver Point Beach Club to have a doctor attend to any emergency needs that my child may require while s/he is in attendance at the Day Camp and I cannot be contacted.

Parent/Guardian's signature: _____ Date: _____
