



Please return this form by May 1st to Camp Danbee at:

31 Nashoba Dr, Boxborough, MA 01719 • p: (800) 392-3752 • f: (978) 929-9678 • email:courtney@campdanbee.com

COUNSELOR MEDICAL FORM 2019

MUST BE COMPLETED/SIGNED BY LICENSED MEDICAL PERSONNEL

For Office Use

Name

Counselor Name (First, Middle, Last) _____ Birth Date _____

Home Phone _____ Session _____

Home Address _____

City _____ State _____ Zip _____

Emergency Contact Name _____ Phone _____

To Licensed Medical Personnel: Please complete the rest of this form. Attach additional information if needed.

Physical exam done today Yes No If "No", date of last physical: _____

All counselors must have a physical exam within 18 months prior to the first day of camp.

Weight _____ lbs Height _____ ft _____ in Blood Pressure _____ / _____

- ALLERGIES:** No known Allergies
- To _____ foods: _____ (please list)
- To _____ medications: _____ (please list)
- To the environment: (insect stings, hay fever, etc. please list)
- Other allergies: (please list) _____

Describe previous reactions:

Diet, Nutrition: Eats a regular diet Has a medically prescribed meal plan or dietary restrictions: **(describe below)**

The counselor is undergoing treatment at this time for the following conditions: (describe below) None

Medication: No daily medications Will take the following prescribed medications while at camp: **(name, dose, frequency below)**

Other treatments/therapies to be continued at camp: (describe below) None needed

Do you feel that the counselor will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

It is my opinion that the counselor is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print) _____ Title _____

Office Address _____ City _____ State _____ Zip _____

Signature _____ Date _____ Telephone: () _____

You may attach the form from the doctor's office to this form, but the doctor must still sign THIS FORM!

Year