



RMC SUMMER CAMP STAFF HEALTH STATEMENT



Name

Birth Date

Address

Social Security #

City, State, ZIP

Telephone

1. Past history of serious lacerations, injuries, or illnesses:

2. Allergies or drug reactions:

3. Medication now being taken:

I have examined this person and found him/her to be in satisfactory physical condition and capable of active participation in a regular camping program, except as follows:

Signature of physician or nurse practitioner Date

Printed Name _____

Address _____

City, State, ZIP _____ Telephone _____

All information is required