



CAMPER PHYSICAL FORM

Camp Hochelaga requires each camper to have a completed copy of this form or an equivalent form generated by a medical facility on file prior to attending camp. **This form can be uploaded into your camper's online account** or mailed to Camp Hochelaga, 34 Hochelaga Road, South Hero VT 05486. Camp Hochelaga **does not** have a fax number.

This form is to be completed by a medical professional, preferably the camper's primary care physician. Camp Hochelaga requires each camper to have documentation of a physical within 12 months of camp attendance.

Camper Name: _____ Camp Session Date: _____

Parent/Guardian Name: _____ Phone: _____ Date: _____

Physical Exam Completed Today: YES NO if "NO" date of last physical:

Weight _____ Height _____ Blood Pressure _____ / _____

Allergies: ___ NO known allergies

___ To Foods (LIST):

___ To Medications (LIST):

___ To the Environment (LIST):

___ Other (LIST):

Describe previous reactions:

Diet/Nutrition: ___ Eats regular diet

___ Has medically prescribed meal plan or dietary restrictions (describe below):

Camper is undergoing treatment for following conditions (describe below): ___ None

Medications: ___ No daily medications

___ Will take the following prescribed medications while at camp: (name, dose, frequency)

Will the camper require limitations or restrictions to camp activities? ___ NO ___ YES (DESCRIBE "YES" BELOW):

"I have reviewed this camper's medical history and have discussed the camper program with the camper's parent/guardian. It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above)."

Name of Licensed Provider (print): _____ **Signature:** _____

Office Address: _____

Office Phone: _____ **Date:** _____

MAIL FORM TO CAMP HOCHELAGA, 34 HOCHELAGA ROAD SOUTH HERO VT 05486 (NO FAX AVAILABLE)