

**PHYSICIAN'S MEDICAL FORM**  
**ECHO HILL RANCH – Summer, 2013**

*Exam by a physician should be completed within 3 months of the first day of camp.*

*Please return form no later than May 1, 2013.*

*To Echo Hill Ranch, 8601 Georgia Ave #810, Silver Spring, MD. 20910*

*Or Fax to 301-588-4041 or Scan/Email to [ehbranch@aol.com](mailto:ehbranch@aol.com)*

Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (Explain if Yes): \_\_\_\_\_

\_\_\_\_\_

Please list Medicines to be administered at camp. Include name of drug, dosage, when it is to be given, and reasons for medication. All medications will be kept securely in the Infirmary and distributed by licensed Camp Nurse. *(NOTE: If possible, please avoid reducing dosage, or adding or deleting prescriptions within the two weeks prior to camp starting. Adjusting to the new social and physical environment is a challenge for many campers, and we have found that this adjustment is more difficult if the child is also adjusting to a new medicine regime.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special needs or considerations in child's activity at camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunizations Up To Date: (Please circle) Yes No

If no, please give reason:

\_\_\_\_\_  
Date of Last Tetanus Vaccine: \_\_\_\_\_

PHYSICIANS'S STATEMENT: This child has been examined by me and is found to be in good health and is able to participate in all activities. Please note any exceptions to their participating in all activities:

\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Physician's Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Revised 8.12