



Medical Form - Required of all campers

Please return to: Community Music School, P.O. Box 387, Centerbrook, CT 06409

Due within two weeks of registering for the program

Child's Name _____ DOB _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Emergency Contact _____ Phone _____

Medical Insurance Carrier _____ ID # _____

Named of Insured _____

SECTION BELOW TO BE COMPLETED BY MEDICAL PRATICIONER:

May participate in all camp activities

Date of Exam ___ / ___ / ___

May participate except for _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s):

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	YES	NO		YES	NO
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Pneumococcal Conjugate	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ State _____ Zip _____

Telephone Number: _____

Signature of Physician, PA, APRN or RN _____ Date _____

FOR OFFICE USE:

S1 S2 S3 S4 S5
 SSP