



2010 Smirkus Camp – Camper Medical History

Please return all camper forms to: Smirkus Camp, 1 Circus Road, Greensboro, VT 05841
This form is to be completed by the parent/guardian.



Camper Name _____ Age _____ Session(s) _____

Parent/Guardian Name _____ Phone _____

Camper Health Information



General Health: _____

Recent injuries/illnesses: _____

Has your child ever broken any bones? _____ if so, which one(s)? _____ when? _____

Has your child ever had the chicken pox or been vaccinated for the chicken pox? _____ when? _____

Allergies & Reactions: _____

Medical Conditions: _____

Please be aware that all medications must be given to the camp nurse at registration and will be given to the camper as needed or as prescribed. Medications include, but are not limited to prescriptions, over-the-counter medications, inhalers, vitamins, homeopathic remedies, cough syrups and pain relievers.



Medications: _____
(medication) (dosage) (reason for medication)



_____ (medication) (dosage) (reason for medication)



_____ (medication) (dosage) (reason for medication)



_____ (medication) (dosage) (reason for medication)

_____ (medication) (dosage) (reason for medication)



ALL PRESCRIPTIONS MUST BE BROUGHT TO CAMP IN THE ORIGINAL PACKAGE & BE IN THE CAMPER'S OWN NAME.

1. I hereby give permission for the administrative and health personnel at Circus Smirkus to administer the above mentioned medications to _____ as prescribed.



(camper name)

Parent/Guardian Signature _____ Date _____

2. I hereby give permission for the administrative and health personnel at Circus Smirkus to administer first aid and/or over-the-counter medications to _____ as needed.

(camper name)

Parent/Guardian Signature _____ Date _____

3. I hereby give permission for the administrative and health personnel at Circus Smirkus to administer a safe, fun and circus filled environment to _____ as needed.

(camper name)

Parent/Guardian Signature _____ Date _____

Please note: If you are unable to sign this form due to religious or moral reasons, a waiver form must be on file. Please call the Camp Office at 802 533-7443 x23, to obtain a copy.

HEALTH INSURANCE – please attach a copy of camper's health insurance card or provide the following info:



Health Insurance Company _____ Policy Holder _____

Identification No. _____ Group No. _____



Other relevant insurance information _____



2010 Smirkus Camp – Immunizations & Physical Exam

Please return all camper forms to: Smirkus Camp, 1 Circus Road, Greensboro, VT 05841
 This form is to be completed by a physician or certified nurse practitioner.



Camper's Name _____ DOB _____
 Session(s) Attending _____ Gender: M F

Please Note:

- A standardized health form from your physician's office is acceptable in place of this form; however, it must include immunization history, any vital health information, and must be dated and signed by a physician or certified nurse practitioner.
- Another physical exam is not required if your child had a physical/well-child visit during 2009. Ask your physician to complete this form based on the 2009 exam.
- If your child is not fully immunized, we require an immunization exemption form to be on file; please call the camp office at 802-533-7443, x23 to obtain a copy.



MEDICAL HISTORY

General Health _____

Allergies & Reactions _____

Medications _____



IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	DATE
DPT / DTaP						
Td						
Polio OPV IPV						
MMR						
HIB						
HEP B						
TB TEST / PPD						
Varicella						
Other						
LAB TESTS	RESULT	DATE	RESULT	DATE	RESULT	DATE
Urinalysis						
Lead Screening						
Hematocrit						
Other						



Date _____ Height _____ Weight _____ BP _____ VA 20/ L ____ R ____

Comments _____



Unless otherwise noted, I find this person to be fit for circus arts training and physical education. ☆

PHYSICIAN'S SIGNATURE _____ Date _____

