



2019 CAMPER MEDICAL FORM
To be completed by Physician

Camper Name _____ D.O.B.: _____

Active Diagnoses: _____

Medications and Doses: _____

Date of last physical exam: _____

Allergies: _____

Are camper's immunizations up to date? Yes _____ No _____

Immunizations in last year: _____

Height: _____ Weight: _____ BP _____

Indicate concerns in these areas:

_____ head

_____ lungs

_____ eyes

_____ heart

_____ ears

_____ abdomen

_____ nose

_____ genitalia

_____ mouth

_____ extremities

_____ neck

_____ neurological

Mailing Address: P.O. Box 82, Brandon, VT 05733

802-247-6611 | www.campthorpe.org | info@campthorpe.org | [Facebook/CampThorpe](https://www.facebook.com/CampThorpe)

A summer camp for children and adults with special needs founded by Rev. Walter and Lavinia Thorpe

Camp Thorpe
P.O. Box 82
Brandon, VT 05733



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Does this person have physical, mental, or medical problems that would limit participation in a special needs summer camp program with a 1 counselor:3 camper ratio? yes no

If yes, please explain: _____

CERTIFICATION:

I certify that this person may participate in routine camping activities including:

- Swimming or wading in a chlorinated pool (Specify as needed: _____)
- Fishing with supervision
- Boating in row boats
- Walking on uneven or hilly terrain

*All activities are supervised/assisted based on individual abilities

Restrictions (please list) _____

Any additional information regarding camper needs: _____

Date: _____

Physician's Signature: _____

Printed Name of Physician _____

Physician's address and telephone: _____
