

Holyoke Parks & Recreation
Summer Program Medical Form

Child's Name: _____

Address: _____

Date of Birth: _____

Date of most recent complete physical exam: _____

Significant Findings:

Significant illness or injuries since last report:

General estimate of health:

Medication or treatment orders to be carried out at camp/program:

Restrictions on camp/program participation or recommended modifications to program:

Other comments (use additional space if needed):

Signature, Examining Physician/Practitioner (Date)

Name & Phone (Please print): _____ Phone: _____