

**TO BE COMPLETED BY PARENT/GUARDIAN**



**Green Mountain Conservation Camp  
Medical Certificate**

**All medical information is kept confidential, and shredded at the end of each camp season.  
Providing complete information allows our camp staff to fully meet the needs of your child.**

**Camper Information:**

Camper Name: \_\_\_\_\_  
Parent/Guardian Name(s) \_\_\_\_\_  
Address: \_\_\_\_\_  
Camper Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Phone (Days) \_\_\_\_\_ (Father - Home) \_\_\_\_\_  
Work Phone: (Mother) \_\_\_\_\_ (Father - Work) \_\_\_\_\_  
Cell Phone: (Mother) \_\_\_\_\_ (Father - Cell ) \_\_\_\_\_

**Emergency Contact Information:**

**(This Must Be Someone Other Than a Parent)**

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Days) \_\_\_\_\_  
Phone (Evenings) \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_

**Physician Information:**

Name: \_\_\_\_\_  
Practice Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Medical Insurance Information: \*\*\* GMCC Has No Health Care/Medical Coverage for Campers**

Name of Medical Insurance Carrier: \_\_\_\_\_  
Group Number (if applicable): \_\_\_\_\_ ID Number (if applicable): \_\_\_\_\_  
Medicaid Number (if applicable): \_\_\_\_\_

- I understand that as parent/legal guardian, that I am responsible for health insurance/coverage for my child while attending the Green Mountain Conservation Camps.
- By checking this box I give my permission for my child to participate in the Green Mountain Conservation Camps and in the event of sickness or injury; I give my permission for my child to be treated by a doctor or hospital at my expense.

**OVER** →

## Parent/Guardian P.2

It is essential for us to know about your child's physical, emotional, psychological, or other behavioral issues so that we can make his/her camping session a wonderful learning and fun experience. Please don't hesitate to share these issues on the registration form (all registration materials are confidential) or speak directly to the Camp Director or Assistant Director upon arrival at camp.

**Additional Comments/ Information We Should Know About Your Child:** \_\_\_\_\_

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Parent/Guardian: Signature \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE COMPLETED BY PHYSICIAN

### Medical Certificate – Page 1

**Exact Date of last physical:** \_\_\_\_\_ **(mm/dd/yyyy )** Last physical (must be within previous 2 years of date of camp session).

**List of Allergies**  Yes  No

**If "Yes" Please check all boxes that apply**

	<b>Medication Taken</b>	<b>Dosage</b>	<b>When Taken</b>
Seasonal	<input type="checkbox"/>		
Animal Dander	<input type="checkbox"/>		
Penicillin	<input type="checkbox"/>		
Amoxicillin	<input type="checkbox"/>		
Sulfa Drugs	<input type="checkbox"/>		

**Dietary Needs and/or Restrictions**  Yes  No

**If "Yes" Please check all boxes that apply**

	<b>Medication Taken (if Necessary)</b>	<b>Dosage</b>	<b>When Taken</b>
Gluten Free Required	<input type="checkbox"/>		
Lactose Intolerant	<input type="checkbox"/>		
Peanut Allergy	<input type="checkbox"/>		
Shell Fish Allergy	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

**Existing Medical Conditions (ie ADD/ ADHD)**  Yes  No

**If "Yes" Please Complete below**

	<b>Medication Taken</b>	<b>Dosage</b>	<b>When Taken</b>
Asthma	<input type="checkbox"/>		
Epilepsy	<input type="checkbox"/>		
Diabetic	<input type="checkbox"/>		
ADD	<input type="checkbox"/>		
ADHD	<input type="checkbox"/>		
Asperger's	<input type="checkbox"/>		
Dyslexia	<input type="checkbox"/>		
Insomnia	<input type="checkbox"/>		
Bed Wetting	<input type="checkbox"/>		
			<b>OVER</b> →

**TO BE COMPLETED BY PHYSICIAN – Page 2**

**Medical Certificate – Page 2**

Ear, Nose, Throat: \_\_\_\_\_

Lungs: \_\_\_\_\_ Hernia: \_\_\_\_\_ Blood Pressure \_\_\_\_\_

DPT, DT or Tetanus toxiod: \_\_\_\_\_ Date Given: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dr. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Physician's Signature)

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

**Phone:** \_\_\_\_\_

**Parent Reminders:**

- 1) Bring this form is to Camp Check-in time.
- 2) **It is now required** that you use our Medical Certificate form both parent & doctor portions.
- 3) Camper must have been examined within the last two (2) years prior to the date he/she is attending camp.