



TUMBLEWEED DAY CAMP

P.O. Box 49291 • Los Angeles • California • 90049 • T (310) 472-7474 • F (310) 476-7788

DOCTOR'S HEALTH FORM

TO PARENTS: ALL questions must be answered COMPLETELY by your child's physician prior to the start of camp. (See reverse for mailing guide.) CHILDREN WILL NOT BE PERMITTED TO ATTEND CAMP IF THIS FORM IS NOT ON FILE IN THE CAMP OFFICE PRIOR TO THE CHILD'S START DATE.

TO PHYSICIANS: This form must be filled in completely before your patient may attend camp. Please answer the following questions and return this form to the camp as soon as possible. You can mail or fax the form.

CHILD'S NAME			SEX	BIRTH DATE
DATE OF LAST EXAMINATION	IMUNIZATION DATE : DPT/TD	IMUNIZATION DATE: POLIO	IMUNIZATION DATE: MMR	DATE OF LAST TETANUS SHOT

If answer is YES to any question below, please explain. Use a separate sheet of paper if necessary and attach it to this form.

	YES	NO
1. Is there any reason why this child would not be physically or emotionally able to participate in a full day of vigorous camp activities with groups of children?		
2. Does this child have any physical or emotional conditions requiring special attention in a camp setting? (Eliminating certain activities or any special treatment?) If so, please explain:		
3. Does this child have any special problems or physical limitations which we should be aware of? If so, please explain:		
4. Is this child under your care for any medical conditions? If so, please list them.		
5. Has this child had any operations or serious injuries? If so, please describe and provide the dates when these operations/injuries occurred.		
6. Is this child currently taking medication and/or receiving treatment? If so, please list specific dosages—if medication is to be administered at camp.		
7. Does this child have any history of loss of consciousness, convulsions, concussions, epilepsy, or diabetes?		
8. Does this child have any allergies (e.g. food, drug, or environmental)?		
9. Has this child ever required any psychiatric counseling/hospitalization?		
10. Please describe this child's social skills (e.g., following directions, language skills, sharing):		
11. Please describe this child's motor skills (e.g., physical coordination, balance, learning disabilities):		
12. Is there any additional health information you feel we should be aware of?		

PHYSICIAN'S SIGNATURE _____ DATE COMPLETED _____

PRINT PHYSICIAN'S NAME HERE _____

ADDRESS _____ PHONE _____

You may fax this form directly to the camp office at (310) 476-7788