



Doctor's Health Form 2024

Please send this form **with immunization records:**

Mail to: Camp Squanto Nurse
220 West Shore Road
Swansey, NH 03446

Email to: squanto@pilgrimpines.org
Fax to: (603)357-7660

If your doctor has a standard camp health form,
you may use their form in place of this one.

Part A: Parent/Guardian - Please complete this top section.

Camper Name _____

Date of Birth _____ Age on arrival at camp _____ Gender (please circle) M / F

Dates will attend camp _____

Address _____

Home Phone _____ Cell Phone _____

Part B: This part must be completed by certified and licensed medical personnel.

Physical exam done today Yes No (If No, date of last physical _____)

Weight _____ lbs Height _____ ft _____ in Blood Pressure _____ / _____
Mo/Day/Year

This camper is undergoing treatment at this time for the following conditions: (describe below)

Medication: No daily medications. Will take the following prescribed medication(s) while at camp:
(name, dose, frequency – describe below)

Do you feel that the camper will require limitations or restrictions to activity while at camp? Yes No
If yes, what do you recommend? Describe below:

I have reviewed the camper's health history and have discussed the camp program with the camper's parent/guardian. It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above).

Name of licensed provider (please print): _____

Signature _____ Title _____

Office Address _____

Telephone _____ Date _____