

MEDICAL REPORT

Date of Birth _____

IMMUNIZATIONS

Date of Exam _____

If one or more of the required medical immunizations is deemed detrimental to this child's health, attach certificate specifying which immunization(s) and complete and sign medical exemption statement on back of form.

	Include All Dates				
	1st	2nd	3rd	Booster	Booster
DPT	/ /	/ /	/ /	/ /	/ /
ORAL POLIO	/ /	/ /	/ /	/ /	/ /
Hib(conjugate preferred)	/ /	/ /	/ /	4th / /	
Hepatitis B	/ /	/ /	/ /		
MMR	/ /	/ /			

Other Immunizations	
Type	Date
	/ /
Type	Date
	/ /
Type	Date
	/ /

Is the child free from head lice? _____

TESTS

Tuberculin Test

_____/_____/_____
 Date

Pos	Neg
<input type="checkbox"/>	<input type="checkbox"/>
Results	

Tine	Mantoux
<input type="checkbox"/>	<input type="checkbox"/>
Specify	

Lead Screening

_____/_____/_____
 Date

If positive, attach physician's statement documenting treatment and follow-up.

Attach statement of lead screening.

HEALTH SPECIFICS

Comments:

- Yes No Are there allergies? (Specify) _____
- Yes No Is medication regularly taken? (Specify drug and condition) _____
- Yes No Is a special diet required? (Specify diet and condition) _____
- Yes No Are there any hearing, visual or dental conditions requiring special attention? _____
- Yes No Are there any medical or developmental conditions requiring special attention? _____

SUMMARY OF PHYSICAL EXAM (including special recommendations to Day Care Provider)

On the basis of my findings as indicated above and on my knowledge of the above named child, I find that: (s)he is free from contagious and communicable disease Yes No and is able to participate in day care Yes No

Signature of Examiner

Address

Name (please print)

City, State, Zip

Title

Phone

Date

OVER PLEASE!

PERMISSION FOR CAMP AND SCHOOL TRIPS

I hereby give permission for _____ to take school and/or camp trips during his/her stay at Big Chief.

Signed X _____

EMERGENCY TREATMENT

I, the undersigned parent or guardian of _____, presently attending Big Chief School and Camp, hereby authorize the owners, agents, and/or employees of said school and day camp to secure medical treatment in an emergency for and on behalf of my child. Said medical treatment shall include but not be limited to the securing of an ambulance, admission to the hospital, treatment by a doctor, nurse or other qualified medical person.

The undersigned further agrees to indemnify and hold harmless the said owners, agents and/or employees against any and all claims arising from emergency treatment of said child.

Signed X _____

As Parent and Natural Guardian
of the above-named child.

Home Telephone Number _____ Mother's Work Number _____

Father's Work Number _____ Emergency Name & No. _____

Do you give permission for your child to have Children's Tylenol if deemed necessary?

If yes, Parent's Signature X _____

NOTE: This form must be signed by you in three places. Your doctor must sign. Be sure he includes the date of the examination. You must sign giving permission for the class or camp trips and emergency treatment, if necessary. We will not accept any child if we do not have this form on file!

Medical Exemptions

The physical condition of the above named child is such that immunization would endanger life or health.

Physician's Signature

Date

X

____/____/____

RELIGIOUS EXEMPTION

Parent or guardian of _____ adheres to a religious belief whose teachings are opposed to such immunizations.

Parent or Guardian's Signature

Date