

NEWPORT JAZZ SUMMER CAMP

MEDICAL EXAM FORM

To comply with American Camp Association standards, you must provide evidence that your child has had a health examination **within the 12 months prior to participation in camp** by a licensed physician, a certified nurse practitioner, or other medical personnel licensed by the state to conduct health examinations.

Please choose **ONE** of the options below and present at check-in:

1. Call your physician's office and have them send YOU a copy of your child's last health examination or a form indicating that an examination had been conducted and indicating any special treatments or considerations about your child's participation in camp activities. Be sure to verify that the date of the examination was within 12 months of attendance. Attached the copy to this form.
2. Have your physician fill out, sign, and date the form below.
3. Have your physician's secretary fill out, stamp and date the form with an official stamp.

MEDICAL EXAMINATION (Options #2 and #3 only)

Name of participant: _____ Age: _____

Does this child have any physical condition requiring restriction(s) on participation in the camp program?
_____ Yes _____ No If yes, attached information on restrictions

Does this child have any current or on-going treatment and/or medications?
_____ Yes _____ No If yes, attached information on restrictions

I have examined and questioned this child on _____.
(date of examination)

I understand the nature of the program and activities involved, and I believe he/she is capable of participating in activities offered by Newport Jazz Summer Camp (exceptions attached).

Licensed Examiner

Date

Phone