



PHYSICIAN'S FORM

All campers/students must have this form completed and returned to Nutmeg Conservatory for the Arts prior to the start of their program. Your physician may use his own form if it includes all of the information below.

CAMPER/STUDENT INFO

Name:	Birthdate: ___ / ___ / ___	Phone:
Parent/Guardian:	Address:	
Emergency Contact:		
Phone:	Alternate Phone:	
Date of Arrival at Nutmeg:	Departure Date:	

TO BE COMPLETED BY MEDICAL PRACTITIONER:

Date of Exam: ___ / ___ / ___

May participate in all activities

May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this person taking prescription or over-the-counter medication (including vitamins)? **YES** **NO**

If **YES**, list all: _____

Does this individual have allergies? **YES** **NO** Explain: _____

Is this individual on a special diet? **YES** **NO** Explain: _____

Does this individual have special needs? **YES** **NO** Explain: _____

This camper/student is currently up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

MEASLES **YES** **NO**

MUMPS **YES** **NO**

RIBELLA **YES** **NO**

CHICKENPOX **YES** **NO**

TETANUS **YES** **NO**

HEPATITIS B **YES** **NO**

DIPHTHERIA **YES** **NO**

PERTUSSIS **YES** **NO**

PNEUMONIAL CONJUGATE **YES** **NO**

POLIO **YES** **NO**

Comments: _____

Print name of Medical Care Provider: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature of Physician, PA, APRN, or RN: _____ Phone: _____

Date Form Signed: ___ / ___ / ___