



Protection of Minors on Campus

Camp Health Record
Individual at Camp Form

Camp Name

Name _____ Age _____ Sex _____

Entrance Date _____ Departure Date _____

Examination		Important Observations to Follow While at Camp
Entrance by _____	Departure by _____	
Weight _____ Height _____		
Temperature _____		
Eyes _____		
Nose _____		
Ears _____		
Throat _____		
Teeth _____		
Posture _____		
Skin _____		
Feet _____		

Meds Received _____

Dosage/Interval _____

Name _____
Camp _____

