



**VRAJ YOUTH CAMP**  
**Medical Clearance Form - Counselor**

To be uploaded by Tuesday June 9th, 2020 by 5:00 PM.

An email with a link to upload this form will be provided after Counselor Acceptance of Camp Assignment.

Note that any allergies or medical conditions provided by the counselor has to match this form provided by a physician.

**TO BE COMPLETED BY PHYSICIAN AFTER MARCH 1st, 2020:**

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Are all immunizations up-to-date? Yes  No . If no, please specify: \_\_\_\_\_

When was the last tetanus booster shot administered: \_\_\_\_\_

Medical condition(s): \_\_\_\_\_

Food, environmental or drug allergy: \_\_\_\_\_

Severity of allergy:  None  Mild  Moderate\*  Severe\* | Trigger(s): \_\_\_\_\_

Asthma:  None  Mild  Moderate\*  Severe\* | Triggers(s): \_\_\_\_\_

An Action Plan is REQUIRED for Moderate to Severe Allergies

Name of medication(s): \_\_\_\_\_

Length of time and frequency of dosage: \_\_\_\_\_

Does participant need to carry any emergency medicine? Yes  No

Please specify: \_\_\_\_\_

Is the counselor fit to take care of campers aged 9 – 16 years for a full week? Yes  No

If no, please explain limitations: \_\_\_\_\_

Are there any physical restrictions? Yes  No  If yes what and for how long? \_\_\_\_\_

Please specify: \_\_\_\_\_

Please check one:

I certify that my patient is capable to attend camp, counsel children and is free of any communicable disease.

Parent/Counselor understands that food may be cross-contaminated. Vraj camp has no physician and is located in rural Pennsylvania with Emergency facility approximately 45 minutes away. Participant is trained (if he/she is prescribed) to administer all regular and emergency medications, including EpiPen, without any other/adult supervision.

I certify that he/she is NOT capable of attending camp.

Extra notes: \_\_\_\_\_

Printed Name of Physician

Signature of Physician

Date

Contact Number

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Physician Office Stamp →