



**VRAJ YOUTH CAMP**

**Medical Clearance Form – Counselor under 18 yrs. age  
To be uploaded by Saturday June 3rd, 2023**

Note that any allergies or medical conditions provided by parents must match this form provided by a physician.

TO BE COMPLETED BY PHYSICIAN AFTER April 15th, 2023:

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: \_\_\_\_\_

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 and is free of any communicable disease.

Parent/Guardian understands that food may be cross-contaminated. Vraj camp has no physician and is 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 →**