

VRAJ YOUTH CAMP
Medical Clearance Form - Camper

To be completed by the child's Physician after March 10th, 2025 ----- To be uploaded with Part II by Sunday May 18th, 2025.

Note that any allergies, medications or medical conditions provided by parents must match what is provided by the physician in this form. **We reserve the right to contact your physician for clarification on medical diagnosis, treatments, etc.**

Participant's Name: _____ DOB: _____

When was the last tetanus booster shot administered: _____

Please provide dates of the Measles/Mump/Rubella series: _____

Are all immunizations up to date? Yes ☐ No ☐. If no, please specify: _____

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 Asthma & Food Allergies

Does the participant need to carry any emergency medicine- Epinephrine or Inhaler? Yes ☐ No ☐

Is there any other information you would like to share to make the camper's experience positive?

Example: Does the patient require any special accommodation? _____

Please specify: _____

Medical Condition	Name of Medication	Dose and frequency

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 located in rural Pennsylvania with an 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.

Additional notes: _____

Printed Name of Physician

Signature of Physician

Date

Contact Number

Physician Office Stamp ☐ →

