



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

**To be uploaded by Sunday May 19th, 2024**

Note that any allergies or medical conditions provided by parents must match what is provided by the physician in this form.

**TO BE COMPLETED BY PHYSICIAN AFTER March 10th, 2024:**

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

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

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

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 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

Physician Office Stamp →