

The Arc Gloucester - Camp Sun 'N Fun Physical Examination Form - 2025

Camper's Name: _____

Please Circle: Male Female Non-Binary Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Examining Physician: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Health History:

Date of Last Tetanus/Booster: _____ (Month/Year)

Dates of COVID-19 Vaccine Series: _____, _____, _____

Please attach a copy of your COVID vaccination record or NJ docket

Diseases:

	Y	N	Date		Y	N	Date
COVID-19				Heart Defect/ Disease			
Chicken Pox				Diabetes			
Measles				Bleeding/Clotting Disorder			
Mumps				Hepatitis			
Asthma				Other			

Allergies:

	Y	N		Y	N
Hay Fever			Penicillin		
Poison Ivy, etc.			Foods		
Insect Bites			Other:		

Medication Allergies: _____

Food Allergies: _____

Operations or serious Injuries: _____

Seizure Disorder: Yes or No Type: _____ Duration _____

Medical Examination

Height: _____ Weight: _____ T: _____ P: _____ R: _____ BP: _____

Diagnoses: _____

Eyes/Nose/Throat: _____

Musculoskeletal: _____

Cardio & Vascular: _____

Abdomen: _____

Skin: _____

Mental/Neuro: _____

Medications:

RX and Regular OTC, use separate sheet if needed

Medication Name	Dose	Frequency	Route	Reason

Activity Restrictions:

	Yes	No
Outdoor Sports		
Sun/Heat Tolerance		
Swimming		
Performing Arts/Dancing		
Nature/Outdoor Activities		
Extensive Walking		

Recommendations or restrictions for any of the above activities while at camp:

To the best of my knowledge, I verify that the above-named camper is physically able to engage in programming activities, except as noted above, and the above-named camper is free of any contagious or communicable diseases:

Signature of Examining Physician _____

Date: _____



The Arc Gloucester - Camp Sun 'N Fun Permission Forms

Camper Name: _____

Must be signed by parent/legal guardian only, community care providers and group home staff signatures are not acceptable. If guardianship status is undecided, please let us know at the time of your application.

1. Authorization to Participate and Permission for Emergency Treatment (Required)

1. I feel this applicant is appropriate for camp and give my permission to participate in all camp activities, except as specifically noted in the application. In the event of an illness/injury/emergency I hereby give my permission for the camp administration to provide and/or secure medical treatment for the camper named in this application.

Guardian Signature

Date

2. Waiver (Required)

2. I hereby give my permission for my applicant to attend Camp Sun 'N Fun. While camp will take every reasonable precaution, it is agreed that Camp Sun 'N Fun assumes no responsibility for the camper's personal property and it is released from liability in connection with medical costs, except as covered by camp's insurance.

Guardian Signature

Date

3. Prescription Medication (Required)

3. I hereby give my permission for Camp Sun 'N Fun to administer the prescribed medications listed in the medical administration record at the time of drop-off according to the directions given by the physician on the medication containers.

Guardian Signature

Date

4. Over the Counter Medication (Required)

4. I hereby give permission for Camp Sun 'N Fun to administer over the counter medications to my camper as needed with the exceptions listed on the allergy section of this application according to the directions by the manufacturer as well as the standing orders of the camp doctor.

Guardian Signature

Date

5. Public Relations (Optional)

5. Permission is hereby granted to use my camper's name and photograph in different media outlets to publicize the work and program of the Arc Gloucester's Camp Sun 'N Fun.

Guardian Signature

Date