

Camp Health Record Individual at Camp Form

FM 03

Developed and approved by the
American Camp Association
with the American Academy of Pediatrics

Camp Name

Name _____
Last _____
First _____
Initial _____
Cabin or Group _____
Year _____

Name _____ Age _____ Sex _____

Entrance Date _____ Departure Date _____

Examination		Important Observations to Follow While at Camp
Entrance by _____	Departure by _____	
Height		
Weight		
Temperature		
Eyes		
Nose		
Ears		
Throat		
Teeth		
Posture		
Skin		
Feet		

Meds Received _____

Dosage/Interval _____

Health Record While at Camp (include date, time, illness, treatment, initials of person treating)
