

Update to Health Form

Please note any changes to medication since the "Physician's Note" form was submitted. Be sure to note changes in dose (strength or number of mgs) or the number of times per day that a medicine is taken even of medicines that were on the original health form.

Any changes must be signed for by the prescriber!

Medication Name	Dose	Frequency	Route

Remember camper can not receive vitamins, supplements, herbal preparations or homeopathic remedies without a prescription.

Note any changes in the campers physical or medical condition since the original health form was submitted.

Medical Change or Condition:

Date of Onset: _____ Condition; _____
Date of Onset: _____ Condition; _____
Date of Onset: _____ Condition; _____
Date of Onset: _____ Condition; _____
Date of Onset: _____ Condition; _____

Consent of Physician:

Signature of Physician _____ Date of Examination _____
Please Print: Physician's Name _____ License# _____
Address _____ Phone# _____

Consent of Parent/Guardian:

Parents Signature: _____ Date: _____