



Southern District YMCA Camp Lincoln Health Form

Please return to: PO Box 729, Kingston NH 03848
 Email: kristina@ymcacamplincoln.org Fax: 603-642-4340

Top section to be filled out by Parent:

Last Name First Name Date of Birth

Address City State/Zip

Please check all programs you will participate in:

Camp Lincoln School's Out Program at: (school name) _____ Staff

This section to be filled out by Physician:

Height: (in)	Weight: (lbs)	BP:	Most Recent Exam Date:
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Chronic Problems:

Allergies:

Active Medications:

Date:	Immunization:	Date:	Immunization:	Date:	Immunization:

This individual is is not capable of carrying a full program of camp or afterschool activities including sports. Restrictions:

Physician Signature

Date