

Please mail before June 1st :
Camp Pinehurst
12 Cider Lane, Nashua, NH 03063

If mailed **after** June 1st :
Camp Pinehurst
23 Curtis Road, Raymond, ME 04071

Camp Pinehurst Medical Form

Camper's Name: _____ M/F Date of Birth: _____
Parent(s) / Guardian(s): _____
Home Address: _____
Town: _____ State: _____ Zip: _____
Cell #1: _____ Cell #2: _____
Work #1: _____ Work #2: _____ Home #: _____

Emergency Contact (if parents cannot be reached)

Name: _____ Relationship: _____ Phone #: _____
Name: _____ Relationship: _____ Phone #: _____

Medical Contacts

Pediatrician or Family Doctor: _____ Phone #: _____
Dentist: _____ Phone #: _____
Orthodontist: _____ Phone #: _____

Medical History or Restrictions

Please list any medical history or restrictions for your child (if not already in the physical): _____

Allergies

Parental Statement

When the camp secures medical attention for my child, I grant permission to Doctors to utilize medical tests and x-rays. In the case of an emergency, and I cannot be reached, I authorized Doctors to immediately begin proper treatment including injections, anesthesia, and surgery.

Signature: _____ **Date:** _____

The camp must be notified if this child has or has been exposed to any communicable disease within three weeks prior to entering camp.

Forms Needed

1. Copy of the last physical (must be less than one year old) along with the immunization records.
2. If your child will be taking **any** medication during camp, the medication must be listed in the physical and provided in original containers. If they are not listed in the physical, we must receive a separate note from your doctor stating the medication and dosage to be administered.
3. If your child has an epi-pen or inhaler, please fill out the "Use of self-administered emergency medication" form.