

If mailed before June 10<sup>th</sup>:  
Camp Pinehurst  
12 Cider Lane, Nashua, NH 03063

If mailed after June 10<sup>th</sup>:  
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: \_\_\_\_\_ Home#: \_\_\_\_\_  
Work #1: \_\_\_\_\_ Work #2: \_\_\_\_\_

#### 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, Restrictions, or Allergies

Please list any medical history, restrictions, or allergies (if not already in the physical):

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#### 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 authorize 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 latest **physical** (must be less than one year old) along with **immunization records, including vaccination status.**
2. If your child will be taking any **prescribed 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.
4. **Copy of both sides of the camper's medical insurance card.**