



Action Kids Academy Medical Form

(To be completed by physician)

Child Name: _____ DOB: _____ Date of Last physical examination _____

Any recent injuries or existing medical conditions (chronic or recurring illnesses) Yes ____ No ____

If "yes" please explain:

Are there any conditions that would affect this child's ability to participate fully in the Action Kids Summer Camp? Yes No

If yes, please explain _____

Health History (please check all that apply)

- Drug
- Food
- Environmental Specify and describe reaction: _____
- Stings _____

Epi Pen Required: Yes No If Yes; for which allergies _____

Asthma Yes No Type: _____ Well Controlled Yes No Inhaler Yes No

If inhalers or epi-pens are needed during program hours; please complete the Medication Consent Form.

A Fare Form (Food Allergy and Anaphylaxis Emergency Care Plan) is required for epi-pens and severe allergies.

Please list child's immunization history. In lieu, a copy of the generic office immunization record can be attached

Vaccines	Month/Year of Immunization	Month/Year of Booster
Diphtheria Pertussis (Whooping Cough) DPT Tetanus		
Tetanus Diphtheria		
Tetanus		
Oral Polio (Sabin)		
Injectable Polio (Salk)		
Measles (Hard measles, red measles, Rubeola)		
Tuberculin Test given (most recent)		
Haemophilus Influenza b (HIB)		
Hepatitis B		
Varicella		

Physician Name (Please Print) _____ Date _____

Physician Signature _____ Phone Number _____

Please return to: **Action Kids at Brentwood Commons • 112 Crawley Falls Road • Brentwood, NH • 03833**

Fax: 603-642-9211 Email: actionkids@brentwoodcommons.com