



ADTC - The ULTIMATE Overnight Dance Camp!

Info@DanceADTC.com * www.AmericanDanceTrainingCamps.com

Ask Us Anything!
866-383-ADTC

Health Exam/Record for ADTC Campers

Physical Exams are Valid for 2 Years from Date of Last Exam

Parents: please upload w/ Form 1: Health Info & Medications

Camper's Name _____ Date of Birth ___/___/___ Guardian Name _____

Phone _____ Address _____

Emergency Contact Name _____ Telephone _____

Date of Arrival at Camp: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ___/___/___

___ May participate in all camp activities

___ May participate except for: _____

Is this individual taking prescription or over the counter medication(s) that may hinder their capabilities to be responsible both mentally and physically for children? ___ YES ___ NO

If yes, indicate names of medication(s):

#1 _____ #2 _____ #3 _____ #4 _____ #5 _____

Does the individual have allergies? ___ YES ___ NO Explain: _____

Is the individual on a special diet? ___ YES ___ NO Explain: _____

Does the individual have special needs? ___ YES ___ NO Explain: _____

This camper is up-to-date on all the following routine immunizations currently recommended by the American Camp Association and National Advisory Committee on Immunization Practices:

	YES	NO		YES	NO
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chicken Pox			Pneumococcal Conjugate		
Tetanus			Polio		

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____ Suite # _____

Medical care provider's City/Town: _____ Zip Code _____ Country _____

Signature of Physician, PA, APRN or RN: _____

Date Form Signed: ___/___/___