



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

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 her ability to participate mentally &/or physically in camp?  
\_\_\_\_ 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 the following immunizations currently recommended by the American Camp Association:

	YES	NO		YES	NO
Measles			Hepatitis A		
Mumps			Hepatitis B		
Rubella			Diphtheria		
Chicken Pox			Pertussis		
Tetanus			Pneumococcal Conjugate		
Meningococcal Meningitis			Tuberculosis Test		
COVID-19*			Polio		

\* We strongly encourage all campers to be fully vaccinated for COVID-19, including boosters for all eligible campers - [eligibility is detailed here](#).

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: \_\_\_\_/\_\_\_\_/\_\_\_\_