



# CAMP DEER CREEK

**Pittsburgh's Oldest & Finest Children's Day Camp**



P.O. Box 305 • Indianola, Pennsylvania 15051  
www.campdeercreek.org  
412.767.5351

**Operating June 10 - August 9, 2024**

## PHYSICIAN'S EXAMINATION RECORD

Date \_\_\_\_\_

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Camp Deer Creek can administer the following to my child (Y/N): Tylenol \_\_\_\_\_ Advil \_\_\_\_\_ Tums \_\_\_\_\_

Does your camper need an epi-pen / inhaler for emergency use while at camp? \_\_\_\_\_

Condition of the Following:	Throat	Lungs	Ears	Skin	Abdomen
	Heart	Nose	Eyes	Extremities	

Immunizations:

Polio (Dates): \_\_\_\_\_

Tetanus Toxoid (Date of Booster): \_\_\_\_\_

Medications Necessary: \_\_\_\_\_

Any Allergies: \_\_\_\_\_

Previous Diseases: \_\_\_\_\_

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I find \_\_\_\_\_ (camper) in good health and able to participate in all camp activities

Signature of MD: \_\_\_\_\_

Please print your physician's name: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

**PLEASE RETURN TO: Camp Deer Creek • P.O. Box 305 • Indianola, Pennsylvania 15051**