



Southern District YMCA/Camp Lincoln, Inc.

Please return to: 56 Linden St , Exeter, NH 03833
Email: Kara@sdimca.org Fax: 603-319-5940s

Top section to be filled out by Parent:

Last Name	First Name	Date of Birth
Address	City	State/Zip

Please check all programs you will participate in:

- Camp Lincoln School Age Child Care Program at: (school name)_____ Staff

This section to be filled out by Physician:

Height: (in)	Weight: (lbs)	BP:	Exam Date:
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Chronic Problems:

Allergies:

Active Medications:

Immunization:	Date:	Date:	Date:	Date:	Date:
DPT/DTaP					
Hib					
HEP A					
HEP B					
MMR					
Varicella					
IPV or OPV					
DTap/HepB/IPV					
Other:					

This individual is is not capable of carrying a full program of camp or afterschool activities including sports.

Restrictions:

Physician Signature _____ Date _____

Physician Address _____ Physician Phone _____