



Participant Name: _____

2022 Program/Session _____

American Youth Foundation
Miniwanca | 231-861-2262 (phone) • 231-861-5244 (fax)
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www.ayf.com

2022 Health Memorandum

This must be completed and signed by child's physician. This form verifies the date of child's last physical (must be within 13 months of camp start date), and physician recommendations for participation in the camp program.

TO EXAMINING PHYSICIAN OR PHYSICIAN EXTENDER: AYF Camp programs are physically and mentally strenuous at times. An individual with normal mental and physical capacity can usually expect to do well in our programs. Examples of activities in our programs include, but are not limited to, swimming, biking, backpacking, sailing, remote camping, traversing varied terrain, exposure to the natural elements and using challenge courses of 50' high or greater. We appreciate your input as to whether there is any need for further evaluation, specific recommendations, or limitation of this participant in our program.

Name of Child: _____ Date of most current/recent physical examination: _____

Health History: (please check all that apply)

Covid diagnosis—If Yes, what was date of diagnosis: _____ Was child hospitalized? Yes: No:

Any secondary diagnosis from Covid complications? Yes: No: Please list: _____

Allergies: Drug: Food: Environmental: Stinging Insects: Epi-pen required? Yes: No:

Specify & Describe Reaction: _____

Asthma (type): _____ Well controlled? _____ Inhaler? Yes: No:

Any recent injuries or other existing medical condition (chronic or recurring illnesses?) Yes: No:

If Yes, list here: (use back if necessary) _____

Please list any active concern or restrictions which would preclude this child from participating fully in a recreational program (diet, medical, swimming, athletic, psychological): None: _____ or list here: _____

Medications: (ALL medication, INCLUDING Psychological)

For participants with prescribed epi-pens or inhalers, permission may be given to carry their inhaler or epi-pen with them during camp. Do you have any concerns with this camper carrying their inhaler or epi-pen, their understanding of how to safely possess it, or their ability to self-administer if necessary? Yes: No:

Medication & Dosage (mg x daily)	Times of admin	Purpose	Special Instructions

COVID-19 Considerations for High-Risk Populations: AYF advises all parents to consult with their medical provider to determine if camp is a safe option for them during the Covid-19 pandemic. Do you have any reservation about this child attending residential camp this summer. Yes: No: (Please list on back if necessary.)

Immunizations:

Copy of immunizations are attached and are verified to be up to date.

Date of last Tetanus Toxoid Immunization: _____

TB Risk Assessment: Low Risk: High Risk:

Test not necessary if risk deemed low. Test results: _____ Date: _____

How long have you known the participant? _____ Date of Exam: _____

PHYSICIAN SIGNATURE REQUIRED: _____ Physician Name: _____

Address: _____ Phone: _____

Today's Date: _____

