Hebrew Educational Alliance
Bringing Judaism to life in Denver

HEA Youth Programs
Bringing Judaism to life in Denver

HEA Youth and Education Programs
Physician Form

Instructions:

1. Have your physician fill out and sign this form. **(Must be filled out by your Doctor)**
2. We request the physical be as recent as possible.
3. Return the form by email to anna@headenver.org

Exam Date: _____/ _____/ _____ Male

Name:_____ Female ☐

DOB: _____/ _____/ _____ Height:_____ ☐

Current Grade in Regular School : _____

Allergies: ☐ No known allergies.

This child is allergic to: ☐ Food ☐ Medicine ☐ Environment ☐ Other

Please describe below what the child is allergic to and the reaction seen.)

Diet, Nutrition: ☐ This child eats a regular diet. ☐ This child eats a regular vegetarian diet.

☐ This child has special food needs. ***(Please describe below)***

Child is currently undergoing treatment for the following conditions: ***(Please describe below.)***

☐ None

Medication: ☐ This child will NOT take any medications/ vitamins while at HEA activities

☐ This child will take the following medications/ vitamins while at HEA activities

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ALL prescription medications, vitamins, and supplement must come in its original pharmacy container with labels showing the child's name and how the medication should be given.

Name of Medication	Date Started	Reason for Taking	When is it given	Amount/Dose given	How is it given?

Physician name_____Signature_____ Phone number_____

Adapted from American Camping Association, Inc. 2006 Camper Health History Form