

**SUMMER 2008 MEDICAL INFORMATION**

Camper's Name: \_\_\_\_\_  
Last First Nickname

Please provide us with a list of allergies and intolerance to food, medication, or any other substances, and actions to take in an emergency situation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide us with details regarding any pertinent developmental information or chronic physical problems that affect your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use this space to note any other special requests or considerations for your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Informed Consent, Risk of Injury, and Authorization  
for Emergency Treatment and Transportation**

I/We, the undersigned, as the parent or legal guardian of \_\_\_\_\_ in consideration of the request, give permission for my son/daughter to participate in the Intramural-Recreational Sports Cavalier Day Camp. I/We understand and acknowledge by allowing my son/daughter to participate in this activity, the risk of injury exists and medical treatment may be necessary. I/We understand that I/We will be notified if my child, listed above, becomes ill while at camp. I/We agree that upon notification of my child's illness, I/we will agree to have him/her picked up as soon as possible. In the case of an emergency when I/we can not be reached, I/we hereby give authorization to the University of Virginia, its employees and agents, and the treating physician to obtain or provide whatever medical treatment deemed necessary for the immediate welfare of my child, listed above.

**Conditions of Enrollment:** I/We have read, understand, and agree to the terms and conditions listed on this form, the Camper Registration form, and the Camp Brochure as it relates to my son/daughter. I/We understand it is my responsibility to provide accident and health insurance coverage for my child and I/we will be financially responsible for all charges and fees for emergency medical treatment, regardless of whether my medical insurance covers such charges and fees.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**CDC FORM 3**

required for  
ALL  
campers

**UVA INTRAMURAL-RECREATIONAL SPORTS • CAVALIER DAY CAMP**

**434.924.3791 • [www.virginia.edu/ims/cdc](http://www.virginia.edu/ims/cdc)**

**SUMMER 2008 MEDICAL INFORMATION**

Camper's Name: \_\_\_\_\_  
Last
First
Nickname

**Parents - please DO NOT complete this section.** However, reading it could be helpful in clarifying immunization and physical examination questions.

**FOR OFFICE USE ONLY**

**PROCEDURES FOR REVIEWING IMMUNIZATION AND PHYSICAL EXAMINATION RECORDS**

- A. The current form required by the Virginia Department of Health shall be used to report immunizations received and the results of the required physical examination.
  - a. *Exception:* When the current Health Department form has not been used such as, but not limited to, when child transfers from another state, other documentary proof of the child having received the required examination and immunization shall be accepted. Documentary proof may include, but not be limited to, an International Certificate of Immunization, another state's form, or a physician's letterhead.
- B. Each report shall include the date of the physical examination and dates immunizations were received.
- C. Each report shall be signed by a physician, his designee, or an official of a local health department.

**IMMUNIZATION REQUIREMENTS**

Regulations by the State Board of Health for the immunization of school children require documentation of all age appropriate immunizations prescribed below before each child's enrollment to a day care center licensed by the Commonwealth of Virginia.

Staff will confirm the following immunizations from official records received from parents:

\_\_\_ **DtaP, DTP, DT, or Td:** A minimum of 3 doses. A child must have at least one dose of diphtheria, tetanus, pertussis-containing vaccine after the fourth birthday. If the child has received six doses before the fourth birthday, additional doses are contraindicated. DT vaccine is required for children medically exempt from pertussis vaccine. Adult Td is required for children 7 years of age and older who do not meet the minimum requirements.

\_\_\_ **Polio:** A minimum of 3 doses of OPV or IPV in any combination. If a child has had only 3 doses of polio vaccine, one dose must have been administered after the fourth birthday. However, a child who has received four doses before the fourth birthday is adequately immunized and does not need a dose after the fourth birthday.

\_\_\_ **Hib:** This vaccine is required only for children up to 30 months of age. A complete series consists of either 2 or 3 doses (depending on manufacturer) followed by a booster dose at age 12-15 months. However, the number of doses required is governed by the child's current age and not the number of prior doses received. Unvaccinated children between the ages of 15 and 30 months are only required to have one dose of vaccine.

\_\_\_ **Hepatitis B:** A minimum of 3 doses for all children born on and after January 1, 1994 (with at least 4 months spacing between the first and third doses).

\_\_\_ **Measles, Mumps, Rubella:** A minimum of 2 measles, 1 mumps and 1 rubella (most children receive 2 doses of each because the vaccine is usually given as MMR). First dose must be administered at age 12 months (365 days) or older. Second dose of measles vaccine does not have to be administered until age 4 - 6 years (at entry to kindergarten) but can be administered at any time after the minimum interval between dose 1 and dose 2. The minimum interval is one month (28 days).

\_\_\_ **Varicella:** All susceptible children born on and after January 1, 1997 shall be required to have a dose of chickenpox vaccine not earlier than the age of 12 months (365 days).

**PHYSICAL EXAMINATION**

\_\_\_ Each child shall have a physical examination by or under the direction of a physician before enrollment in camp or within one month after enrollment. The date of the physical examination is not important as long as a good physical examination has been completed. Example: A physical examination conducted on a fourth grade child when they were in first grade is okay.