new york city
los angeles
vermont
SOCAPA school of creative and performing arts

Annual Physical Form: All Campuses

Use this form if one is not provided by your physician.

To be completed by parent/guardian: Please complete and deliver to physician. Exam must be within 12 months of program start date.

Participant's Name (Please Print Clearly): _____

Gender: Male/Female **D.O.B:** ----_____ /_____/_____ **Date of Arrival at Camp:** _____

Parent/Guardian's Name (Please Print): _____

Home Address: _____

Health Care Recommendations by Licensed Medical Personnel: **Please print and write clearly.**

(Exam must be within 12 months of camp attendance. New exam is not necessarily required.)

I examined this individual on _____. BP _____ Weight _____Height _____

In my opinion, the above applicant [ ] is [ ] is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions:_____

_____

Recommendations and Restrictions at Camp

Treatment to be continued at camp: _____

_____

Medications to be administered at camp (name, dosage, frequency):_____

_____

Known allergies: _____--_____

Description of any limitation or restriction on camp activities:_____

_____

Additional information for health care staff at the camp: _____

_____

Immunizations:

Please submit an up-to-date immunization form separately to your SOCAPA online account or return it to SOCAPA's main office.

I have examined this child herein described and it is my opinion that this child is able to engage in and participate in all camp activities, unless otherwise noted above.

Signature of Licensed Medical Personnel _____date _____

Printed _____ Title_____

SOCAPA Physical and Immunization Form

To Return: **Upload to online account as a pdf**; email: info@socapa.org

fax: 888.672.9483 mail to: SOCAPA Admissions 228 Park Ave S #92832, NY, NY 10003