

FOR RESIDENT CAMP AND TRAVEL CAMP ATTENDEES ONLY

All campers are required to have written confirmation of a health examination within 12 months of attending resident camp or travel camps.

REQUIRED: HEALTH EXAMINATION BY LICENSED PHYSICIAN

Camp is held at an outdoor setting, with programs that are very active, including hiking, games, swimming and traditional camp activities. Your careful consideration is appreciated.

Camper Name: _____ Age: _____

I have examined the child named on this form within the past 12 months. The examination date was ____/____/____. After examination and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below.

Is the applicant under the care of a physician for any conditions? ☐ Yes ☐ No Please explain:

Any specific activities to be encouraged or limited by physician's advice? Please explain:

Any treatment or medications to be continued at camp (please give specific dosages)? Please explain:

Additional health information:

Licensed Physician Signature:  _____ Date: _____

Address: _____ Phone: _____

Date of Form Completion: _____ By: _____

Camper's Name: Last _____

First _____

Session: _____