



# Physical Form

Camper's parent/guardian must provide to group/church leader a statement confirming a physical examination has been performed ***within the preceding 24 months*** by a licensed physician or a certified nurse practitioner demonstrating that the camper is capable of attending camp. This can be equivalent to or copy of the camper's school or sports physical or the form below can be submitted.

Camper Name: \_\_\_\_\_

Group/Church Name: \_\_\_\_\_

Date Attending Camp: \_\_\_\_\_

## TO BE COMPLETED BY LICENSED PHYSICIAN or CNP

Medical conditions group leader should be aware of: \_\_\_\_\_

List any serious illnesses or operations and dates: \_\_\_\_\_

Special instructions (e.g. dietary restrictions, exempted activities, etc.) \_\_\_\_\_

Allergies (i.e. drugs, food, other): \_\_\_\_\_

\_\_\_\_\_ was given a physical examination on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Camper is in satisfactory physical condition and capable of active participation in a camp program AT HIGH ALTITUDE, except as noted above.

Signature of Doctor or CNP: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_