

PHYSICIAN INFORMATION FOR CAMP PHYSICAL
(TO BE MAILED WITH REGISTRATION PACKET)

(Please Print)

NAME OF DOCTOR: _____

PHONE: _____ PHONE: _____

EMERGENCY CONTACT _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

I AM TAKING THE FOLLOWING PRESCRIPTION OR OTC MEDICATIONS:

FOR: _____

OTHER PERTINENT INFORMATION: _____

PHYSICIAN'S REPORT FOR CAMP PHYSICAL

I _____ have examined _____
(PLEASE PRINT) (PLEASE PRINT)

Please indicate the following as applicable: (YES) (NO)

Patient is physically capable of participating in the following events:

_____ CAMPING SPORTS	_____ PAINTBALL	_____ WATER SPORTS
_____ CANOEING	_____ KNIFE SKILLS	_____ FIRE MAKING SKILLS
_____ FORGE SKILLS	_____ MOUNTAIN AND OR ROCK CLIMBING	
_____ CHALLENGE OR OBSTACLE COURSES		_____ PROJECT ACTIVITIES: RUNNING, BENDING, JUMPING
_____ ZIP LINE/HIGH ROPES COURSE		_____ RAPPELLING

Patient (circle one) **DOES, DOES NOT** have any known heart condition or history of losing consciousness or dizziness.

Patient (circle one) **IS, IS NOT** a known diabetic. Patient (circle one) **IS, IS NOT** contagious.

OTHER PERINENT INFORMATION _____

DOCTOR'S SIGNATURE

REFUSAL OF PHYSICIAN'S EXAMINATION (Include Notary Seal)

_____ I ELECT TO OPT OUT OF A PHYSICIAN'S PHYSICAL EXAMINATION REGARDING ALL ACTIVITIES

SIGN: _____

_____ I ELECT TO OPT OUT OF A PHYSICIAN'S PHYSICAL EXAMINATION FOR MY MINOR CHILHD REGARDING ALL ACTIVITIES

NAME OF MINOR CHILD: _____

SIGN: LEGAL PARENT OR GUARDIAN OF MINOR CHILD _____

NOTARY:

STATE OF _____ §

COUNTY OF _____ §

This instrument was acknowledged before me on _____, 2011,
by _____, an individual or legal guardian.

(Sign)

(Print Name)

Notary Public in and for _____ County, _____

My Commission Expires: _____