



CAMPER PHYSICAL FORM

Camper Name: _____ **Date of Birth:** _____

Parent/Legal Guardian: Please complete the camper's name and date of birth above and provide this form and a copy of the camper's completed Health Information Form to your child's physician.

Physician: Please review the camper's Health Information Form and complete the remaining sections on this form. Attach a separate sheet if necessary.

Camper Height: _____

Date of physical exam: _____

Camper Weight: _____

Is the camper undergoing any medical treatment at this time? No Yes – Please describe:

Does the camper have any allergies? No Yes – Please describe:

Does the camper require a special diet? No Yes – Please describe:

Has the camper undergone any surgeries or hospitalizations? No Yes – Please describe:

Does the camper have any medical or health conditions which may require limitations or restrictions while at camp?
 No Yes – Please describe:

"I have completed the child's physical and have discussed the camp program with the camper's parent/legal guardian. It is my opinion that the camper is physically and emotionally fit to participate in an active camp program, except as noted above, if applicable."

Camper's Physician Name _____ Phone Number _____

Practice/Clinic Name _____ City _____ State _____

Signature of Camper's Physician _____ Date _____