

## Health Care Recommendation by Licensed Medical Professional

To avoid additional expenses, this form may be completed by a Licensed Medical Professional based on an exam performed within 24 months of camp attendance. A NEW EXAM is not necessary for camp attendance.

I examined this individual on: \_\_\_\_\_

BP \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

This applicant IS / IS NOT able to participate in an active camp program.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations & Restrictions at Camp – Please list any that apply:

1. Treatment to be continued: \_\_\_\_\_
2. Medications to be administered at camp: \_\_\_\_\_
3. Medically prescribed meal plan or dietary restrictions: \_\_\_\_\_
4. Known Allergies: \_\_\_\_\_
5. Description of limitations or restrictions on activities: \_\_\_\_\_
6. Additional information for camp health care staff: \_\_\_\_\_

Signature of Licensed Medical Professional

Title

Office Telephone Number

Date

- This person takes no medication on a regular basis
- Over the counter medications may be administered as needed

\_\_\_\_\_  
Signature required authorizing OTC med use

### Parent/Care Provider Authorization:

All information on this Health Examination Form is correct and complete to the best of my knowledge. By affixing my signature below, I hereby grant permission for the camper/participant to: (1) engage in all camp activities, (2) receive routine health care, administer medications and seek emergency medical treatment including x-rays or tests, and (3) provide any necessary transportation. I also agree to release any records necessary for medical treatment or insurance purposes. In the event, I, or one of the alternate people on the first page cannot be reached in an emergency; I hereby authorize the physician selected by the camp to secure and administer treatment, including hospitalization.

Signature of Parent/Care Provider or Adult Camper

Date

\_\_\_\_\_  
Please print above name

I understand and agree to accept any restrictions placed on my participation in camp activities.

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Date