This form MUST be brought with camper to camp on his/her first day. Do not mail to the office.

The American Camp Association recommends that campers have an annual examination by a licensed physician.

Please ask your camper’s physician to complete this form.
(To be turned in at check-in)—no other forms will be accepted!

Camper’s Name__________________________

Date examination competed__________________

I have reviewed the program and activities of the camp and I am aware that they include but are not limited to: swimming, boating, hiking, horseback riding, ropes challenge course activities, field games, arts and crafts, and more. I feel the camper can participate with THE FOLLOWING LIMITATIONS OR RESTRICTIONS TO ACTIVITIES:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature of examiner ___________________________ Date ___________________________

Examiner’s name (please print/type/stamp) ___________________________ Phone ___________________________

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