PHYSICIANS MEDICAL FORM

Registration Information Please take your time and print legibly. Thank You!	Student's Full Name:
	Program Name:

NOTE TO PARENTS – You do not need to use this particular form. Your physician's office or health care provider may have a standard form such as a "Health Report for Schools, Camps, and Employers" that they keep on file. Any piece of paper that proves that this child has been seen by a physician within the past two years will suffice.

Students Date of Birth: Gender: **MALE FEMALE** Height: Weight:

Date of Last Physical Examination:
(Must be within the past two yeasr)

Please Circle YES or NO in response to each question, and give a detailed explanation for any YES answers.

Does this student have any **INJURIES OR PHYSICAL LIMITATIONS** that could limit his or her participation in outdoor adventure activities? **YES NO**

Is this child currently undergoing treatment for any medical or psychological conditions? (ple **YES NO**

Is this child regularly taking any prescribed medications that will need to be administered during his or her program? If so, please specify the medication name, doseage, and frequency. **YES NO**

Are there any common medications, treatments, or homeopathic remedies which should not be administered to this child: If so, please specity: **YES NO**

It is my opinion that the camper is physically and emotionally fit to participate in an active outdoor adventure camp program (except as noted above.)

_____ _____

Licensed Health Care Provider Signature Date

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Name and address of health care practice / doctor's office