

Healthcare Provider Form: Camper

To Parent(s)/Guardian(s): Complete this section and give this form and a copy of your completed Camper Health Profile (complete and print from CampDoc.com) to your child's healthcare provider for review. Camper Name: Gender D.O.B / ___/__ Age at Camp____ Custodial parent(s)/guardian(s) phone: (_____)___ Camper home address: Parent(s)/Guardian(s) stop here. Rest of form to be completed by medical personnel. To Medical Personnel: Please review the Camper Health Profile (from camper registration, print/electronically/verbally with parent/guardian) and complete all remaining sections of this form. Please attach additional information as needed. Mountain Friends Camp will offer residential youth programs this summer in northern New Mexico. Activities at camp include, but are not limited to hiking, canoeing, low ropes course, active games, cooking and other chores, orienteering, woodscraft and outdoor work using basic tools, and are under adult supervision. **Physical exam done today:** Wes No (if "No", date of last physical: **Allergies**: No Known Allergies To foods (list): To medications: (list): • To the environment (insect stings, hay fever, etc.— list): • Other allergies: (list): Describe previous reactions: Known **Communicable Diseases**: Yes No (If "Yes" describe below): Do you feel that the camper will require **limitations or restrictions** to activity while at camp? Yes \(\subseteq \text{No (if "Yes", what do you recommend)} \) Camper is undergoing **treatment** at this time for the following conditions: (describe below) L "I have reviewed the CAMPER HEALTH PROFILE, and have discussed the camp program with the camper's parent(s)/quardian(s). It is my opinion that the camper is physically fit to participate in all activities at Mountain Friends Camp (except as noted above.)

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Name of licensed physician or PA (please print): ___

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IMYM.org/mtnfrcamp