

# Camp That Love Built

## Physician Medical Release Form

**(This form must be completed by a physician, physician assistant or nurse practitioner within 6 months (All campers / volunteers))**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: M F Height: \_\_\_ ft. \_\_\_ in. Weight: \_\_\_\_\_

Vital Signs: BP: \_\_\_\_\_/\_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_ Temp: \_\_\_\_\_ Pain Score: \_\_\_\_\_

### Medical Release For Participation In Camp Activities

The above named individual has been diagnosed with the following:

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#### All activities have been adapted for the physically challenged

- Individual may participate in camp activities with no restrictions.
- Individual may participate in camp activities with the following restrictions.  
(Please provide details of restrictions including duration, temperature, protective equipment, activities to avoid, etc.)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- Individual MAY NOT participate in camp activities

**Camp activities include but are not limited to the following (All Camp activities are accessible for those with disabilities.):**

- |  |  |
|--|--|
| <input type="checkbox"/> Swimming          | <input type="checkbox"/> Canoeing          |
| <input type="checkbox"/> Horseback riding  | <input type="checkbox"/> Bicycle Riding    |
| <input type="checkbox"/> Fishing           | <input type="checkbox"/> Wheelchair sports |
| <input type="checkbox"/> Archery           | <input type="checkbox"/> Motorcycle Rides  |
| <input type="checkbox"/> High Ropes Course | <input type="checkbox"/> Target shooting   |

**By Signing below, I state I have assessed the above named individual, in person, within the last 6 months.**

Printed Name: \_\_\_\_\_ Office Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Camp For All is a barrier free facility designed for individuals with disabilities. All activities are modified to fit the camper's abilities & needs. The goal is to ensure a safe, healthy, and fun camp experience for every camper.*

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_