



Camp Unalayee Medical Exam Form

A licensed medical practitioner must sign this form.

(This form does not have to be returned with your application. But, **we must receive it at least two weeks before your first camp session starts.**)

Camper Name: _____

List any current or ongoing medical treatment or medications. _____

List and describe any physical or other conditions that may affect the camper's participation in our camp program. _____

This is to certify that I have examined _____ and find him/her to be in good health and able to participate in a strenuous outdoor camp program.

Physician's Signature

Date

Physician's Name

Phone Number

Date of exam: _____

Note: This form should be completed within 6 months of the child's departure for camp.