

Camper Health Form

Rocky Mountain Conference—UCC
1140 West 5th Avenue
Denver, Colorado 80204

Return **SIGNED** form to address above, via email (camps@rmcucc.org), OR via fax (303.980.6695).

Camper Name: _____ Camp: _____

CAMPER HEALTH STATEMENT:

All information is required. This form or a similar form with the same information must be filled out and **SIGNED** by your **DOCTOR/PHYSICIAN/NURSE PRACTITIONER** within the last 12 months.

1. Past history of serious lacerations, injuries, or illnesses:

2. Allergies or drug reactions:

3. Medication now being taken:

I have examined this person and found him/her to be in satisfactory physical condition and capable of active participation in a regular camping program, except as follows:

Has this camper been taken OFF of any usual medication for the summer? If so, explain:

Signature of physician or nurse practitioner: _____ Date: _____

Printed Name: _____ Address: _____

City, State, ZIP: _____

Telephone: _____