

IdRaHaJe 2017 PHYSICAL FORM

(Due 1 week before camp)

You may also bring this form or a copy of your camper's physical to check-in.

PO Box 360 Bailey, CO Fax: 303-838-9109 Email: registration@idrahaje.org

Camper Name: _____

Camp & Week Attending: _____

CAMPER'S PHYSICAL FORM: To be filled out by the doctor

Medical condition Camp should be aware of: _____

Special instructions (e.g., special diets, exempted activities, etc.): _____

Allergies (e.g., drugs, food, other): _____

Does this camper regularly take prescription medications, OTC medications, or vitamins? Yes / No

(If yes, please fill out the medication form with correct dosage and frequency)

_____ was given a camp physical examination on ___/___/____. (Must be within 12 months of designated Camp.) S/he is in satisfactory physical condition and capable of active participation except as noted above.

Signature of Doctor _____ **Date** _____ **Phone** (____) _____

Printed Name _____ Address _____ City _____ State _____ Zip _____