



2020 Physician Approval

Please have your camper's primary care physician fill this out.
Per ACA guidelines we require a physical within the last 24 months

Camper Name: _____

Date of Last Physical: ___ / ___ / _____

Weight: _____ lbs Height: _____ ft

I have reviewed this form and have discussed the camp program with the participant's parent(s)/guardian(s). It is my opinion that the participant is physically and emotionally fit to participate in an active camp program.

Primary Physician Signature: _____

Date: ___ / ___ / _____

Notes: