MEDICAL PROFESSIONAL'S SECTION

MEDICAL PERSONNEL: PLEASE REVIEW THE ABOVE PARTS OF THIS FORM AND COMPLETE THE REQUIRED INFORMATION BELOW. PLEASE ATTACH ADDITIONAL INFORMATION IF NEEDED.

Colorado State Law requires that the camper present a statement confirming a physical examination which has been performed within the past twenty-four months by a licensed physician, or qualified licensed nurse practitioner.

Date of Last Physical Exam: ____________________

Height: ___________ Weight: ___________ Blood Pressure: _____ /_____

Allergies:

No Known Allergies: _____

Foods:

____

Medications:

____

Environmental (insects, hay fever, etc):

____

Other:

____

Are any of the above selected over the counter medications contraindicated for the treatment of minor illness/injury of the above listed camper? **No: ____ Yes: ____**

____

____

____

____

Diet and Nutrition:

Regular Diet _____

Medically prescribed meal plan or dietary restrictions _____

____
____
____
____
____
____

Is the camper undergoing treatment for any conditions at this time?

No___ Yes ___

____
____
____
____
____
____
____
____

Are there treatments of therapies to be continued at camp? No ___ Yes ___

____
____
____
____
____
____
____
____
____
____

Any limitations or restrictions to activity while at camp? No ___ Yes ___

____

____

____

____

____

____

MEDICATIONS TO BE TAKEN AT CAMP

Colorado Resident Camp Standards require all medications, including over-the-counter medications and food supplements (including vitamins and nutrient bars) be retained and administered by the camp's medical personnel and that they be listed by the health care provider on this form. **NONE: _____**

Medication	Dosage	Time	Other

____

____

____

PHYSICIAN'S SIGNATURE

I hereby authorize the above-named participant to carry their above listed emergency inhaler and/or epinephrine pen on their own person while attending Grand Mesa Camp.

Physician's Signature: ____

I have reviewed the above form and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program, except as noted above. I also issue standing orders for Grand Mesa Camp's properly trained and certified medical personnel to administer the over the counter, home remedies, homeopathic remedies, and prescribed medications listed above to this camper.

Licensed Provider's Signature: ____

Date: ________________

Printed Name of Provider: ____

Office Address: ____

Phone Number: ________________________________