



# Physical Form

- ⇒ **DEADLINES: #1 May 27th or #2 June 27th**
- ⇒ **Turn completed form in to your Group Leader.**

The COLORADO DEPARTMENT OF HUMAN SERVICES DIVISION OF CHILDCARE mandates that the camper's parent/guardian provide a health history to Ponderosa as well as a statement confirming a physical examination has been performed ***within the preceding 24 months*** by a licensed physician or a qualified, licensed nurse practitioner demonstrating that the camper is capable of attending camp. ***THIS SHOULD BE BASED ON A PHYSICAL DATED JULY 2020 or LATER!***

Camper Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Week Attending:  SUMMIT Week #1 June 13-17, 2022

SUMMIT Week #2 July 11-15, 2022

## TO BE COMPLETED BY LICENSED PHYSICIAN or CNP

Medical conditions Ponderosa should be aware of (Should be same information entered in online registration):

\_\_\_\_\_

\_\_\_\_\_

List any serious illnesses or operations and dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special instructions (e.g. dietary restrictions, exempted activities, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies (i.e. drugs, food, other): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ was given a physical examination on \_\_\_\_/\_\_\_\_/\_\_\_\_.

**(Must be within 24 months of designated camp)** Camper is in satisfactory physical condition and capable of active participation in a camp program AT HIGH ALTITUDE, except as noted above.

**Signature of Doctor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_