



DOCTORS STATEMENT OF PARTICIPATION – DAY CAMP

CAMPER HEALTH EXPECTATIONS FOR SUMMER PROGRAM -

All campers should be able to participate in athletic activity at 5,000 to 6,000 feet above sea level. The Day Camp program does not have a registered nurse/medical personnel on site, but the Day Camp Director can administer basic medications and emergency prescriptions such as inhalers and EpiPens. If the camper needs insulin or medication requiring a syringe, a parent will need to be present to administer medication/care when those items are needed. Camp Timberline also expects campers to have their health and behavior well managed. Please see our Health/Behavioral Statement for more information.

I confirm that within the preceding 24 months a health screening has been performed on:

CAMPER NAME: _____

Date Examined: _____ Height: _____ Weight: _____ Blood Pressure: _____

The above-named camper is current on his/her DTaP/Tdap and/or DT/Td immunization. YES / NO

In my opinion, the camper named above is in satisfactory physical condition and capable of active participation in a regular camp program.
YES / NO

The camper is under the care of a physician for the following conditions (please be specific and list any physical limitations, health concerns, or special care needed with current treatment): _____

Does the camper have any health concerns that would be impacted by a contagious disease like the Coronavirus? YES / NO
If YES, please explain: _____

Does the camper use an inhaler, EpiPen, or other emergency medication? YES / NO
If YES, please list the items that the camper is authorized to carry with them at all times: _____

Please list any known drug reactions and allergies that the camper has:

The above named camper may take Advil, Tylenol, Benadryl, and Tums provided by Camp Timberline (only as needed): YES / NO
If NO to any of these items, please list those the camper may NOT have:

*I have also provided the camper's **Certificate of Immunization or Statement of Exemption** as required by Camp Timberline and Colorado law.

REQUIRED SIGNATURE OF PHYSICIAN/NP/RN:

Date: _____

PHYSICIAN/NP/RN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

Camper's Session(s): _____