

# Edwards YMCA Camp Physician's Form

NOTE: Physician or Nurse MUST Sign and Date Where Noted!

Camp Sessions - Please Check Appropriate Box				
<input type="checkbox"/> Session I	<input type="checkbox"/> Session IV	<input type="checkbox"/> Session VII	<input type="checkbox"/> Trips	<input type="checkbox"/> Winter
<input type="checkbox"/> Session II	<input type="checkbox"/> Session V	<input type="checkbox"/> LIT1,LIT2,LIT3	<input type="checkbox"/> Day Camp	
<input type="checkbox"/> Session III-Mini	<input type="checkbox"/> Session VI	<input type="checkbox"/> JL-1,JL-2	<input type="checkbox"/> Women's Fitness Camp	

## Personal Information:

Camper's Last Name	First Name	Sex	Birthdate
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## Medical Exam by Licensed Physician - Must be completed within 24 months of Camp Attendance

I have examined the above named camper on: \_\_\_\_\_  
*Date Examined*

In my opinion, the above camper's health status (does \_\_\_\_ ) (does not \_\_\_\_ ) preclude his/her participation in an active camp program.

Additional Comments:

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Licensed Physician's Signature: \_\_\_\_\_

By: \_\_\_\_\_  
*\*Initials if completed by nurse or PA*

Phone # : \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

### Return Completed Form Before June 1st

Edwards YMCA Camp  
N8901 Army Lake Road  
East Troy, WI 53120  
Ph: (262) 642-7466 Fax: (262) 642-5108  
email: [camped@campedwards.org](mailto:camped@campedwards.org)

## PARENTS

Before Mailing: Is the Above Signed and Have You Included a Copy of Your Insurance Card?