

Camper Physical Form

Camp Four Echoes / Girl Scouts Eastern Washington & Northern Idaho

>> **PARENTS**, you must have your physician fill out this form and return to the Council office 2 weeks prior to the start of the camper's session.

>> **Health Care Provider**: Please make sure you have read this camper's Health History Form prior to examination.

Each camper shall have a health examination within 24 months of camp attendance as evidenced by a health examination form signed by a licensed physician, Nurse Practitioner or Physician's Assistant.

NAME: _____

HEIGHT: _____

WEIGHT: _____

HEENT: _____

Respiratory: _____

Cardiovascular: _____

Comments or recommendations: _____

Medications to be taken while at camp: **See Health History Form**

(PHYSICIAN)

I EXAMINED:

ON THIS DATE:

The health history and immunizations have been reviewed. There are no apparent contra-indications to participating in routine camp activities except as noted.

(Please Print)

PHYSICIAN'S NAME: _____

ADDRESS: _____

PHONE: _____

CITY: _____

STATE: _____

ZIP: _____

PHYSICIAN

SIGNATURE: _____

DATE: _____

Exemption from a physical examination is requested for religious reasons. There is no physical impairment which interferes with camp activity. _____ is free from communicable or contagious disease. I release Camp Four Echoes from responsibility for any impairment of health resulting because of this exemption.

Parent's Signature: _____

Date: _____

Church Official's Signature: _____

Date: _____