



Camper/Sponsor Name \_\_\_\_\_

**According to Colorado Laws governing residential camps this form (or other qualifying physical exam form):**

1. must be filled out and signed by camper's physician in order to attend camp
2. must have been completed no more than 24 months prior to the start date of camp
3. is suitable for repeated use for 24 months from the date of examination.

### PHYSICIAN'S EXAMINATION

I have examined this individual and found him/her to be in satisfactory physical condition and capable of active participation in a residential camp program except as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of PHYSICIAN:** \_\_\_\_\_

**Printed Name of PHYSICIAN:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone ( \_\_\_\_\_ )** \_\_\_\_\_

#### Authorization for Administration of Medications

I hereby authorize the properly qualified health supervisor to administer medication which has been prescribed to the individual named above. The prescribed medication shall be from a licensed pharmacy, labeled with the name, address, and phone number of the pharmacy, name of the individual, name and strength of this medication, directions for use, date filled, prescription number, and name of prescribing physician.

**Signature of PHYSICIAN:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please retain a copy of this form in your records for future use.**

This form is good for 24 months from the date of the exam. It may be used repeatedly as needed during that 24 month period. Should you need a copy of this form for future events, Hesperus Camp **will not** search through previous records to find this form for you. Again, please retain a copy of this form in your records for future use.