



THIS SECTION TO BE COMPLETED IF CURRENTLY UNDER DOCTOR'S CARE OR *ASTERISK-HEALTH CONDITION IS CHECKED ON THE FRONT OF THIS FORM

Note: A Doctor's written authorization is only required if the camper has a history of Asthma, Heart Defect/Disease, Seizures, Diabetes, Bleeding/Clotting Disorders, Back or joint problems, a chronic illness, has been recently hospitalized or is currently under a Doctor's care. If so, complete this section.

**YMCA Camp Roger
Health Examination by Licensed Physician**

Camper: Last Name _____ First Name _____ MI _____

Because of this camper's medical history, we have asked that your written authorization be provided prior to their attendance at YMCA Camp Roger. Please realize that camp is held in the mountains (8700 feet elevation), an hour from the nearest hospital. The programs are very active with strenuous hiking, games and camp activities. Your careful consideration is appreciated.

Health Care Recommendation by Licensed Medical Personnel

I have examined the child named on this form within the past two years. Date Examined ___/___/___

The applicant is under the care of a physician for the following condition(s) _____

Current treatment (including current medications) _____

Explanation of any reported loss of consciousness, convulsions, or concussion _____

Does applicant have epilepsy? Yes No

Does applicant have diabetes? Yes No

Any specific activities to be encouraged or limited by physician's advice? _____

Any medically prescribed meal plan or dietary restrictions? _____

Any treatment or medications to be continued at camp (specific dosages)? _____

Any allergies (food, drugs, plants, insects, etc.)? _____

Additional health information _____

I have reviewed the Camper Health History Form and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion, the camper is physically and emotionally fit to participate in an active camp program (except as noted above).

Licensed Physician's Signature _____

Address _____
Street City State Zip Phone Area/Number

Date of Form Completion _____ By _____

YMCA Camp Roger
4223 S. Atherton Dr.
Taylorsville UT 84123
(P) 801-839-3379 (F) 801-466-6074
(E) camproger@ymcautah.org (W) www.ymcacamproger.org