

Sonlight Physical Form

Return this form by: **May 15**

Mail:

Sonlight Christian Camp
PO Box 536
Pagosa Springs, CO 81147

Email:

registrar@sonlightcamp.org

Fax: 877.335.2331

** Sonlight must have a current physical exam and Physical Form on file that dated within 12 months of the start of camper session. **

To Physicians and Nurse Practitioners: This individual has enrolled in a summer camp program at Sonlight Camp, in southwest Colorado. The program is based at 8,000 feet above sea level. The program involves physical activity (may include climbing wall, mountain biking, archery, white water rafting, hiking). Our healthcare staff will use your information to meet the health needs of the person described. Note that not all healthcare staff are registered nurses; some have only first aid skills. For further clarification of the camp program and activities, please feel free to call: 970.264.4379 or visit our website: www.sonlightcamp.org.

To be completed by a physician or nurse practitioner based on an examination done within 12 months of camp participation.

Camper Name: _____

Date of examination _____ / _____ / _____

BP _____ Weight _____ Height _____

This individual is under the care of a physician for the following:

Recommendations and Restrictions: _____

Physician order for medication (prescription and over the counter) and/or treatment to be administered at camp:

Description of prescribed meal plan or dietary restrictions:

Known allergies:

List activities in which this person should not participate, or have limited participation (describe limitation):

Additional information for health care staff at camp, to include significant medical history:

(Colorado regulation requires the exam of an MD, Nurse Practitioner or Physician Assistant for camp attendance)

Physician, Nurse Practitioner or Physicians Assistant Signature: _____

Date of Exam: _____

Printed Name: _____

Address: _____

Phone: (_____) _____