



## 2020 Physician Approval

Please have your camper's primary care physician fill this out.  
Per ACA guidelines we require a physical within the last 24 months

Camper Name: \_\_\_\_\_

Date of Last Physical: \_\_\_ / \_\_\_ / \_\_\_\_\_

Weight: \_\_\_\_\_ lbs Height: \_\_\_\_\_ ft

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I have reviewed this form and have discussed the camp program with the participant's parent(s)/guardian(s). It is my opinion that the participant is physically and emotionally fit to participate in an active camp program.

Primary Physician Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Notes: