

Wellness Form

Section 1. To be completed by Parent or Guardian.

Camper Name: _____ Program and Date: *SumMAT Week #* _____

Date of Birth: _____ Height: _____ Weight: _____

Section 2. To be completed by Physician.

The above participant plans to engage in a physically rigorous outdoor sports program which may include, but is not limited to, walking distances, climbing, swimming, and carrying a pack in a wilderness care context (i.e. over an hour from advanced medical care).

Date of most recent physical examination: _____ (must be within past 24 months)

The camper has been hospitalized in the past for the following reasons:

Current medical treatment at the time of this report includes:

Known allergies:

The camper is currently taking the following medications:

Participant is:

- Cleared without restriction
- Cleared with restriction _____
- Not cleared for _____

Please include Immunization Record including date of last Tetanus Shot.

Signature of licensed medical personnel: _____ Date: _____

Printed Name: _____ Title: _____

Address: _____ Phone: _____