

Complete this form every year and upload to Online Registration Portal at least 21 days prior to camp session.



2024 CAMP SUMMIT MEDICAL AUTHORIZATION

Camp Summit

17210 Campbell Rd., Suite 180, Dallas, TX 75252

Phone: 972-484-8900 Fax: 972-620-1945 Email: camp@campsummittx.org

Camper Name: _____
Last First Nickname

PARENT/GUARDIAN CONSENT

I hereby give permission to the camp medical staff to administer any necessary first aid should a situation requiring medical attention occur while at camp and IN CASE OF EMERGENCY, give permission to the medical personnel selected by the Camp to order X-rays, routine tests, treatment, to release any and all records necessary for insurance purposes and to provide or arrange necessary related transportation for me/my camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to secure and administer treatment, including hospitalization, for the person named above. I hereby give permission to the camp medical staff to administer prescription medication (as noted) and over-the-counter medication (PRNs) as deemed necessary. This completed form may be photocopied for trips out of camp.

This Camper Health & Consent form is correct and complete to the best of my knowledge and the person herein described has permission to engage in all camp activities except as noted.

➤ _____
Signature of Parent/Guardian or Adult Camper Date

MEDICAL AUTHORIZATION

Activities offered at camp include, but are not limited to, swimming, arts & crafts, nature study, music, archery, science lab, sports & games, ropes challenge course, outdoor cooking, and photography. Cabins will house up to 14 campers and 8 staff who will stay together as a distinct unit throughout the week. All campers and staff will be expected to: pass temperature and symptom screening on arrival and as needed; perform good hand and respiratory hygiene; and wear masks & stay physically distant from other cabin units when necessary. I have examined the person herein described and have reviewed their health history. It is my opinion they are able to engage in camp activities, except as noted.

➤ _____
Signature of Qualified Medical Professional Printed Name

Phone

Date of Exam

Address City State Zip

Notes:



Complete and submit to online portal at least 21 days prior to camp session.

2024 CAMP SUMMIT PHYSICAL EXAMINATION FORM

Camper Name: _____ Camper Date of Birth: _____

This form is to be completed in conjunction with the Medical Authorization Form, which provides a brief description of some camp activities and expectations that may be helpful in your evaluation. Please also review and sign off on all prescription and over-the-counter medicines and supplements (herbal/nutritional) the camper is currently taking on the Medication Administration Permission form. Alternatively, please provide a medication list from your office with medication names, strengths, doses, routes and administration times.

CAMPER HEALTH HISTORY REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes No

	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Immunizations Up To Date				
Other				

Date of Exam: _____
 Printed Name of Examiner: _____
 Office Address: _____ Phone Number: _____
 Signature: _____ MD DO PA APRN