

Complete this form every year and upload to Online Registration Portal at least 14 days prior to camp session.



## 2023 CAMP SUMMIT MEDICAL AUTHORIZATION

### Camp Summit

17210 Campbell Rd., Suite 180-W, 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 this form every year and upload to Online Registration Portal at least 14 days prior to camp session.



## 2023 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**