

Physician's Authorization to Attend Camp Galilee – 2015

Name of patient: _____ Camp Session: _____ Dates: _____

This section required if a camper is currently under a Doctor's care or has a history of Asthma, Heart defect/disease, Seizures, Diabetes, or recent hospitalization.

Again this year: all forms are due to Galilee by May 31 for summer 2015 programs.

Completed forms can be mailed to: Galilee Registrar, PO Box 236, Glenbrook, NV 89413

Scanned copies can be emailed to Registrar@GalileeTahoe.org

Physician – please note: because of the camper's medical history, we have asked for your written authorization prior to the camper's attendance. The program consists of a variety of active activities, including moderate hiking, games and activities in the forest, at an elevation of up to 8000 feet. Your careful consideration is appreciated.

Remarks:

Check:	Nose _____	Throat _____	Heart _____
	Skin _____	Hernia _____	Abdomen _____
	Ears _____	Other _____	

Are there any restrictions in any of the physical programs (swimming, hiking, kayaking, games, etc.?)

I have examined the applicant for entrance to Camp Galilee and find the camper physically qualified to be accepted as a camper and to enter into all camp activities, except as noted.

Signed _____ Date _____

Physician's Name _____ Phone (____) _____