



Girl Scouts Carolinas Peaks to Piedmont
2019 Summer Camp Physical Form



Please note: NO girl will be allowed to attend any camp without a completed and signed Summer Camp Health History/Permission Form. Please be sure to upload this form to your summer camp profile prior to your arrival at camp.

CAMPER INFORMATION			
Camp(s) Attending: Pisgah Ginger Cascades Keyauwee Please Circle		Session(s) Name & Date(s):	
Camper Name (First)	(Middle)	(Last)	Home Phone ()
Address		City	Date of Birth
			Age at Camp
		State	Zip
Email Address			

PHYSICAL EXAMINATION (Exam must be within last 24 months.) This section is not required for day campers or resident campers who will remain on property for their entire program.
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Date of Examination _____

Medical Professional Name (please print) _____

Height _____ Weight _____ B.P. _____ Appearance – Nutrition _____

Eyes: *Without Glasses* R 20/ _____ L 20/ _____ *With Glasses* R 20/ _____ L 20/ _____

<i>Use these codes for the information to the right of this box:</i> <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Examined	Nose _____ Throat _____ Teeth _____ Heart _____ Lungs _____ Abdomen _____ Hernia _____ Genitalia _____ General physical and emotional status: _____ _____ _____ _____
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Licensed health care professional comments and recommendations. Please give details or indicate management of significant illness:

This person is in satisfactory condition and may engage in all usual activities except as noted.

Licensed Health Care Professional Signature: _____ Date: _____

PLEASE KEEP A COPY OF THIS FORM FOR YOUR PERSONAL RECORDS.

Once your form is completed, upload it to your summer camp profile. If you need assistance with uploading your completed form, call: Outdoor Experience Coordinator, at 800.672.2148.