

PONDEROSA

RETREAT & CONFERENCE CENTER

CAMP PHYSICAL FORM

THE COLORADO DEPARTMENT OF HUMAN SERVICES MANDATES THAT THE CAMPER'S PARENT OR GUARDIAN PROVIDE A STATEMENT CONFIRMING A PHYSICAL EXAMINATION HAS BEEN PERFORMED WITHIN THE PRECEDING 24 MONTHS BY A LICENSED PHYSICIAN OR QUALIFIED, LICENSED NURSE PRACTITIONER DEMONSTRATING THAT THE CAMPER IS CAPABLE OF ATTENDING CAMP.
DUE TO CAMP POLICIES, THERE WILL BE NO EXCEPTIONS.

GROUP NAME: Denver Church of Christ Youth Camp **CAMP DATES:** June 4 - 9, 2023

Completed by licensed physician or CNP **Date:** _____

_____ (Camper full name) was given a physical examination on _____.

Camper is in satisfactory condition and capable of active participation in a camp program AT HIGH ALTITUDE, except as noted below.

Medical conditions Ponderosa should be aware of:

List any serious illnesses or operations and dates:

Special Instructions (e.g. dietary restrictions, exempted activities, etc.):

Printed Name of Physician or CNP

Signature of Physician or CNP

Date Signed

Address

City

State

Zip Code

Email Address

Phone Number

OFFICE USE ONLY - Date of Receipt: _____

PONDEROSA RETREAT & CONFERENCE CENTER
is a Ministry of the Colorado Baptist General Convention.
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