

Camper Statement of Health



Beloved & Beyond provides a residential camp experience for individuals with special healthcare needs. Camp facilities and activities are designed to be accessible for all participants. Campers will participate in activities such as, but not limited to arts/crafts, canoeing, fishing, horseback riding, swimming, zip line and giant swing. 1:1 assistance is available for all participants.

All campers should have an annual physical exam by a licensed health care provider (MD, DO, PA, or NP).

Camper Name:	Date of Birth:
Medical Diagnosis:	Allergies: <i>Emergency action plans will be required for asthma, anaphylaxis, and seizures.</i>
Adaptive Equipment:	Special Equipment (oxygen, CPAP, suction, g-tube feedings): <i>This will serve as orders for administration/use at Beloved & Beyond.</i>
List Prescription Medications/dose here: <i>All medication must be brought to camp in original containers.</i>	List any over the counter medications/supplements that exceed the recommended dose on packaging.
Other:	

I have examined the above camper and certify that he/she is able to participate in the Beloved & Beyond adaptive camp experience.

Signature of Health Care Provider/Title

Date of last physical exam

Address

Phone #