

Health Care Recommendation Form

Alpengirl Camp – Due April 15

To campers & parent(s)/guardians(s) (hereafter ‘parent/s’) of minors (those under age 18):

We ask that campers (and parent/s of minors) take extra time in working with licensed medical personnel to complete camp health forms carefully and accurately. A medical examination is required within the last 12 months of a camper’s final day at camp this summer. If your camper had a health examination within the last 12 months of final camp date, licensed medical personnel may be willing to complete the form without another physical examination. Alternatively, they may require you to schedule an exam, in conjunction with the completion of the form. Returning Alpengirls must complete a new form annually. This information will be shared only with Alpengirl personnel, consulting and treating medical personnel and other individuals working with Alpengirl. Otherwise, the information will remain confidential.

To licensed medical personnel, campers, and parents:

Participation in Alpengirl activities includes a review of a camper medical and health information. Disclosing information in this form does not automatically exclude participation. Alpengirl would like to obtain accurate information about camper health, and understand any medical or health concerns or limitations. Alpengirl activities can be strenuous and can offer exercise different than what campers may be accustomed to. Campers engage in a variety of educational and adventure activities – from hiking and horseback riding to rock climbing and rafting – in outdoor and wilderness environments at altitudes that can exceed 7,000 feet, in all types of weather. Campers will carry backpacks and camp outdoors. Please consider this information as you complete this form. Campers and their parent/s can review the Alpengirl Acknowledgment and Assumption of Risks for additional details about these activities and the associated risks. Please contact us if you or your physician if you have any questions or concerns about camper ability to participate or other concerns. Understand that ultimately, it is up to the camper (and parent/s of minors), in conjunction with their physician, to decide whether an Alpengirl program is an acceptable match for them.

Form Instructions:

- Parents print this blank Health Care Recommendation Form and provide it to your child’s health care provider for their review and completion.
- Parents (or child’s health care provider) mail (or scan and email) the completed Health Care Recommendation Form to Alpengirl Before April 15 (or within 10 days of registration if registering after April 15th.) Late or incomplete forms may result in loss of your reserved space.

Alpengirl -or- info@alpengirlcamp.com
PO Box 1138
Manhattan, MT 59741

-----THIS FORM COMPLETED BY LICENSED MEDICAL PERSONNEL-----

Licensed Medical Personnel:

I have reviewed the information in this form regarding camp location, activities and risks, and have assisted camper (and parent/s of minors) in completing this form in conjunction with my examination (or an examination of the camper taken within the last 12 months). I examined this individual on ____/____/____ (Month/Day/Year)

Blood Pressure: ____/____
Weight: _____lb.s
Height: ____ft. ____in.

Camper is undergoing treatment at this time for the following conditions: __ None.

Other treatments/therapies to be continued at camp: __ None needed.

Medication: No daily medication. Will take the following prescribed medication(s) while at camp: (name, dose, frequency)

Do you feel the camper will require limitations or restrictions to activity while at camp?

No.

Yes. What do you recommend? (attach additional information if needed)

Additional information for health care staff at camp: None.

*Please consult with parents for any medications, known allergies or dietary restrictions, or limitations (including appropriate modifications) and/or restrictions on camp activities.

I have examined _____ and understand that she is planning to attend Alpengirl as a camper. I understand the nature of the activities, as set forth above, and acknowledge that Alpengirl representatives are available should I have further questions about the nature and/or physical or emotional demands of these activities. I understand that the camper will be traveling in remote areas where medical care may be significantly delayed. Considering any restrictions stated above, the camper **can** _____ **cannot** _____, in my opinion, fully participate in the Alpengirl program.

Signature of Licensed Medical Personnel _____

Date ____/____/____

Print name/Title _____

Clinic/Hospital _____

Phone # _____

Address _____

Thank you for your time and effort in completing this form. If you have any questions or comments, please do not hesitate to contact us at 406-570-6312 or e-mail us at Info@AlpengirlCamp.com

Screening Record - for camp use only-

Screened by: _____ Date Screened: _____ Time: _____ am/pm

Any signs/symptoms of illness or injury upon arrival? No Yes as noted here:

History of exposure to communicable diseases? No Yes as noted here:

Additions or corrections to information on health history? No Yes as noted here:

Medications given to camp health-care staff? None Yes as noted here:

Other notes:
