

## Health Care Recommendation Form

Alpengirl Camp – Due April 21

**To campers & parent/s)/legal guardians/s)(hereafter collectively “parent” or “parent/s”):**

We ask that campers and parent/s 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:**

Participation in Alpengirl activities includes a review of a camper’s submitted medical and health information. Disclosing information in this form does not automatically exclude participation. Alpengirl needs accurate information to assist in understanding any medical or health concerns or limitations. Alpengirl endeavors to accommodate a variety of health issues, but needs your honest and candid input.

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. Please contact us at (406) 570-6312 if you have any questions about camper activities or the associated risks, camper ability to participate or other concerns.

**NOTE: Even if the applicant is accepted on an Alpengirl program, the participant and parent/s, in conjunction with their physician, should consider carefully whether Alpengirl activities are an appropriate match for the participant.**

### Form Instructions:

- Parent/s print this blank Health Care Recommendation Form and provide it to your child’s licensed medical provider for their review and completion.
- Parent/s (or child’s medical provider) mail (or scan and email) the completed Health Care Recommendation Form to Alpengirl Before April 21 (or within 7 days of registration if registering after April 21st.) Late or incomplete forms may result in loss of your reserved space.

Alpengirl      -or-      [info@alpengirlcamp.com](mailto: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.

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

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Medication: \_\_\_ No daily medication. \_\_\_ Will take the following prescribed medication/s while at camp (name, reason, dosage, frequency): \_\_\_\_\_

Are there any indications or side effects of these medications of which we should be aware \_\_\_ No

\_\_\_ Yes. If so, please describe: \_\_\_\_\_

Does this camper have any medical or health condition/s, described here or otherwise which may necessitate care, affect the individual's well-being or the well-being of others at camp, or affect the individual's ability to engage in Alpengirl activities? \_\_\_ No \_\_\_ Yes. If so, please describe: \_\_\_\_\_

Do you feel the camper will require restrictions, limitations or modifications to activities while at camp? \_\_\_ No \_\_\_ Yes. If so, 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 asthma, allergies or dietary restrictions, or limitations (including appropriate modifications) and/or restrictions on camp activities.**

I am a licensed medical care provider. 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 or other concerns. I understand that the camper will be traveling in remote areas where medical care may be significantly delayed (several hours or more from medical facilities).

Considering any restrictions or limitations 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. Please keep a copy of this form for your reference before submitting it to Alpengirl. 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](mailto:Info@AlpengirlCamp.com)