

West Coast Honor Camp Ability to Participate With Restrictions Form

(To be completed by camper's physician)

Note to physician:

Our goal at West Coast Honor Camp is to ensure that each camper is encouraged to participate fully in all aspects of camp while protecting their safety and well-being. For this reason you are being asked to complete this form to notify the camp of any injuries or conditions which might limit participation at camp and to detail exactly what those limitations should be.

Physician contact information:

(Physician's name)

(Physician's address)

(Physician's phone number)

I saw _____ on _____ .
(Camper's name) (Date)

Date and brief description of illness or injury: _____

The camper is able to participate in camp with the following limitations as of _____ .
(Date)

- Walking: Unable to walk greater than ¼ mile
 Unable to walk on uneven ground or hills
 Uses crutches or other assistive device on occasion at all times
- Running: Unable to run
- Sitting: Unable to sit longer than _____ minutes
- Standing: Unable to stand longer than _____ minutes
- Swimming: Unable to swim participate in activities requiring submersion up to chest

Vision/Hearing/Speech limitations (please specify): _____

Psychological or social limitations (please specify): _____

Other limitations (please specify): _____

Physician's Signature: _____

Date: _____