



Girl Scouts Carolinas Peaks to Piedmont  
**2020 Summer Camp Physical Form**



Please Note: NO girl will be allowed to attend any camp without a completed and signed Summer Camp Health History/Permission Form.

<b>CAMPER INFORMATION</b>			
Camp(s) Attending: Pisgah    Ginger Cascades    Keyauwee Please Circle		Session(s) Name & Date(s):	
Camper Name (First)	(Middle)	(Last)	Home Phone (    )
Date of Birth	Age at Camp		
Address	City		State
Zip			
Email Address			
<b>PHYSICAL EXAMINATION (Exam must be within last 24 months)</b> <b>This section is not required for day campers or resident campers who will remain on property for their entire program.</b>			
Date of Examination _____			
Medical Professional Name (please print) _____			
Height _____      Weight _____      B.P. _____      Appearance – Nutrition _____			
Eyes: <i>Without Glasses</i> R 20/____      L 20/____ <i>With Glasses</i> R 20/____      L 20/____			
<i>Use these codes for the information to the right of this box:</i> / Satisfactory X Unsatisfactory O Not Examined	Nose _____      Throat _____      Teeth _____ Heart _____      Lungs _____      Abdomen _____ Hernia _____      Genitalia _____	General physical and emotional status: _____ _____ _____	
Licensed health care professional comments and recommendations. Please give details or indicate management of significant illness:			
This person is in satisfactory condition and may engage in all usual camp activities, including (but not limited to) hiking, walking 3 miles daily, swimming, boating, and climbing.  Please note any activities that this person should be excused from below.			
Licensed Health Care Professional Signature:			Date:

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR PERSONAL RECORDS.**