



Israel Extreme Adventure Camp

MEDICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN

If there are any existing medical conditions, we must receive a doctor's letter with history of the circumstances, and advice for handling any situation which might occur during Israel Extreme Adventure Camp.

Camper's Name: _____

Height _____ Weight _____ Vision: _____ Hearing: _____

Please list any conditions the camper may have, and method of treatment he/she is receiving.

Is the camper presently receiving any medications? If so, please attach statement of such medications with dosage and directions. _____

Please list any medication that the camper has taken regularly at any point over the last three years.

Does the camper have any history of an eating or dietary disorder, or currently manifest any signs of either?

Does the student have any physical limitations?

I certify that to the best of my knowledge, the above information is complete and true. I have examined the above named camper and DO consider him/her physically able to participate in your Adventure Camp.

Name of Physician (please print clearly) _____

Address: _____

Phone/s: _____ Email: _____

Physician's Personal Signature (NOT a secretary) _____

Date: _____

To the best of my knowledge, all the above information is both accurate and complete.

Student _____ Parent/Guardian _____
Signature Signature