



Physician's Permission Form

I have examined the general physical condition of _____ and find said participant to be physically fit to participate in summer camp, horseback riding lessons, and outdoor game activities as of the date of physical examination indicated below.

(Physical examination must have occurred no more than one year prior to participant's attendance at camp/conference.)

Practitioner's name

Date of Examination

Practitioner's Signature

Date

No participant shall be able to take part in the camp/ horseback riding lessons or game activities unless a licensed physician of medicine or osteopathic medicine, a certified nurse practitioner, or a physician's assistant has examined him/her.