

RMV Medical Confirmation/Statement of Health Form

CAMPER'S NAME: _____

Parents/Caregiver: Please bring a copy of your medical form for your physician to review prior to signing off this form. **(Log into you CampBrain application, Download Printable Medical Form, and print/e-mail the form)**

CAMPER MEDICATIONS:

****Easterseals Colorado cannot administer ANY medications(OTC and/or prescription) not indicated by prescribing authority's orders**

- I have reviewed the medications listed in the CampBrain Medical Form and have made **no changes.**
- I have reviewed the medications listed in the CampBrain Medical Form and have made the following changes: _____

- I have attached the list of current medications to this document.

→ Physician Signature _____ Date _____

PHYSICIAN'S STATEMENT OF HEALTH:

****Parent/Caregiver, you may skip this section if there are NO MAJOR CHANGES to their health and we have in file, their most recent physician examination/statement of health within 24 months from the first day of attendance at camp. We also accept physical examination from school or other camps as a substitute as long as it is dated within 24 months of camper's arrival day.**

I have examined this camper and reviewed the CampBrain Medical Form and find him/her to be in satisfactory physical condition, free from contagious disease and capable of active participation in the regular camping program except as stated below.

- No Restrictions.
- Restrictions applies: _____

→ Physician Signature _____ Date _____