

***Physician's Authorization to Attend Camp Galilee – 2019***

Name of patient: \_\_\_\_\_ Camp Session: \_\_\_\_\_ Dates: \_\_\_\_\_

**This section required if a camper is currently under a Doctor's care or has a history of Asthma, Heart defect/disease, Seizures, Diabetes, or recent hospitalization.**

**All forms are due to Galilee by May 31 for summer 2019 programs.**

**Completed forms can be mailed to: Galilee Registrar, PO Box 236, Glenbrook, NV 89413**

**Scanned copies can be emailed to [Registrar@GalileeTahoe.org](mailto:Registrar@GalileeTahoe.org)**

Physician – please note: because of the camper's medical history, we have asked for your written authorization prior to the camper's attendance. The program consists of a variety of active activities, including moderate hiking, games and activities in the forest, at an elevation of up to 8000 feet. Your careful consideration is appreciated.

Remarks:

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Check:      **Nose** \_\_\_\_\_                      **Throat** \_\_\_\_\_                      **Heart** \_\_\_\_\_  
                 **Skin** \_\_\_\_\_                      **Hernia** \_\_\_\_\_                      **Abdomen** \_\_\_\_\_  
                 **Ears** \_\_\_\_\_                      **Other** \_\_\_\_\_

Are there any restrictions in any of the physical programs (swimming, hiking, kayaking, games, etc.?)

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**I have examined the applicant for entrance to Camp Galilee and find the camper physically qualified to be accepted as a camper and to enter into all camp activities, except as noted.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_