



**Due June 1<sup>st</sup>**  
If registering after  
June 1, due 2 weeks  
before the start of  
camp or as soon as  
possible.

## Camper Release Form Health Form – must be signed by physician

Camper's Full Name: \_\_\_\_\_

Please mail, fax, drop off, or email this completed form to:  
**Audubon Vermont, 255 Sherman Hollow Rd. Huntington, VT 05462**  
Fax: (802) 434-4686 Email: [ekaplita@audubon.org](mailto:ekaplita@audubon.org)

**THIS FORM MUST BE SIGNED BY YOUR PHYSICIAN, BUT WE WILL ALSO ACCEPT A COPY OF A RECENT PHYSICAL EXAMINATION FORM.**

During Audubon Vermont's Ecology Day Camp and Preschool Nature Camp programs the children will be spending a majority of their time outdoors. Daily activities include hiking, playing cooperative games, and exploring the forests, ponds and meadows. Children will be exposed to the sun, varying weather conditions, and a variety of plant and animal species. If there are any health concerns or limitations that we should know about, please list them in the spaces provided below. Thank you.

**Age** (on first day of camp) \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Gender Identity** \_\_\_\_\_ **Weight** \_\_\_\_\_  
**Height** \_\_\_\_\_  
**Allergies:**

\_\_\_\_\_

**Current Medications:**

\_\_\_\_\_

**Health Concerns/Problems:**

\_\_\_\_\_

**Physical Limitations:**

\_\_\_\_\_

**Other Issues of Importance:**

\_\_\_\_\_

**Date of Last Booster:**

\_\_\_\_\_

The above named camper has all appropriate immunizations, including tetanus. This camper is physically able to participate in all camp activities, with the exception of limitations that have been noted above.

**Physician's**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent/Guardian**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_