



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: vermont@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 _____ **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** _____