



**CAMP CHRISTOPHER**  
**2017 DISCOVERY CAMP PHYSICIAN AUTHORIZATION FORM**  
Business Office:  
812 Biruta Street, Akron, Ohio 44307-1104  
Phone: (330) 376-2267  
(800) 296-CAMP

**This form MUST be brought with camper to camp on his/her first day. Do not mail to the office.**

The American Camp Association recommends that campers have an annual examination by a licensed physician.

**Please ask your camper's physician to complete this form.**

(To be turned in at check-in)—no other forms will be accepted!

Camper's Name \_\_\_\_\_

Date examination completed \_\_\_\_\_

I have reviewed the program and activities of the camp and I am aware that they include but are not limited to: swimming, boating, hiking, horseback riding, ropes challenge course activities, field games, arts and crafts, and more. I feel the camper can participate with THE FOLLOWING LIMITATIONS OR RESTRICTIONS TO ACTIVITIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of examiner \_\_\_\_\_ Date \_\_\_\_\_

Examiner's name (please print/type/stamp) \_\_\_\_\_ Phone \_\_\_\_\_

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