

**Young Life Health, Consent and Release Physician Signature Form (YL-6007P)**

Fax this completed one page document to 866-381-4156.

Please do not fax immunization records with this form.

If you do not have access to a fax machine, the signed form can be uploaded on the Health and Consent Form application.

A physician, nurse practitioner, or physician's assistant signature is required because the individual listed on the form has met at least one of the following conditions:

- Is attending Beyond Malibu OR Castaway Club, OR
- Is a camper or work crew that is pregnant or recently given birth, OR
- Is an infant between 6-12 weeks during the camp trip, OR
- Is a camper attending any Colorado camp, OR
- Is attending Frontier Ranch, Crooked Creek Ranch, or Rocky Creek Ranch AND is under the age of 18 at the time of submission, OR
- Is a volunteer or leader attending Wilderness Ranch AND is under the age of 18 at the time of submission

**This form is for the sole use of the individual listed below:**Camper Name: **Kylie Knoll**Parent/Guardian Name: **Tom Knoll**Camp Year: **2017**Parent/Guardian Phone Number: **206-388-6160**

The section below must be completed by a physician, nurse practitioner, or physician's assistant.

1. Has the applicant been diagnosed with a medical condition or disease of the blood, respiratory, metabolic, or other system, such as sickle cell disease, COPD/emphysema, etc. that could limit participation at camps with an altitude 7–14,000 feet?  Yes  No

If yes, please explain the condition and expected treatments: \_\_\_\_\_

2. Does the applicant have any additional medical conditions, including those above in #1 which could limit participation in an active camp program regardless of the elevation?  Yes  No

If yes, please explain the condition and expected treatments: \_\_\_\_\_

3. Is the applicant authorized to carry an inhaler, EpiPen or other emergency medications with them at all times?  Yes  No

PHYSICIAN'S SIGNATURE (Must be obtained within the same calendar year as the camp trip.)

I have examined the applicant within the past 12 months.

Date Examined:	Height:	Weight:	Blood Pressure:
Physician Signature:			
Date:	Print Name:		
Address:			
Phone:			

**Fax completed and signed form to 866-381-4156**



FormID: 2672f060-f945-4800-89f1-2422ffb456f

Once faxed, this form will automatically be matched with the online Camping Health, Consent and Release Form (YL-6007) associated with the form ID above.

- Do not make copies of this form for any other individual.
- Do not fax any other information with this form.
- There is no cover sheet needed for this document.

Please direct any questions to Young Life Camping Services at 719.381.1844.