

**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-f945-4800-89f1-2422ffbf456f

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.

