



Physical Form

Due 2 weeks before camp

P.O. Box 36, Como, CO 80432
Email camp@campcomo.com

The COLORADO DEPARTMENT OF HUMAN SERVICES DIVISION OF CHILD CARE mandates that the camper's parent/guardian provide a health history to Camp Como as well as a statement confirming a physical examination has been performed within the preceding 24 months by a licensed physician or a qualified licensed nurse practitioner demonstrating that the camper is capable of attending camp. Current written authorization from the medical provider for any required prescription or non-prescriptive medicines is mandatory.

Camper Name: _____

Dates Attending Camp: _____

Church Registered With: _____

TO BE COMPLETED BY A PHYSICIAN/CNP

Medical conditions Camp Como should be aware of: _____

List any serious illnesses or operations and dates: _____

Special instructions (e.g. dietary restrictions, exempted activities, etc.) _____

Allergies (i.e. drugs, food, other): _____

_____ was given a physical examination on ____/____/____.
(Must be within 24 months of designated camp.) S/he is capable of active participation in a regular camp program except as noted above.

Signature of Physician/CNP _____ Date _____

Printed Name _____ Address _____

Phone (____) _____ City _____ State _____ Zip _____

Attach copy of current immunization record.