



# Physical Form

Due 2 weeks before camp

P.O. Box 36, Como, CO 80432  
Email [camp@campcomo.com](mailto: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: \_\_\_\_\_

Registered Church/Group: \_\_\_\_\_

## 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 up-to-date immunizations using the current  
Colorado Immunization Form**