

## Camp Epachiseca Medical Clearance Form

Camper's Name:

Medical Diagnosis:

To ensure all campers are safe and best cared for at camp we are asking campers with chronic medical conditions including -- asthma, diabetes, seizure history, autism, cardiac conditions, history of traumatic brain injury or behavioral health history be cleared by a medical provider to attend camp.

Dear Medical Provider,

Camp Epachiseca is a weeklong (overnight) Christian summer camp that offers various outdoor activities including swimming and games. There is limited medical accessibility and to ensure all our campers are safe and well cared for we ask that campers with chronic medical conditions be cleared by a medical provider to participate in camp.

In your professional opinion is the above-named child able to participate safely in camp and all of its activities?

Is their medical condition stable and well controlled? (If seizure history date of last seizure)

Do you have any suggestions/restrictions for the care of this child while they are at camp?

Do you feel the above child can safely stay overnight at the camp facility or would he/she be better suited as a day camper?

Medical Provider Name:

Signature:

Date: