



## Camp Tesahe Medical Form

**\* All children must have medical clearance to participate in activities at Camp Tesahe. Please have your family doctor complete this form, a similar form, or obtain a copy of a recent physical (within 12 months of camp) and bring it with you on registration day.\***

\_\_\_\_\_ has been examined by me on \_\_\_\_\_

Please check one:

He/She may participate fully in all camp activities.

He/She may participate in camp activities with the following limitations:

Tetanus Shot: (Date) \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_