



Medical Release/Proof of Physical: **Before attending Camp at Duncan Park, a physical is required.**

Instructions:

If a camper has had a physical within 24 months of the first day of camp, the physician may complete and sign this form based on that exam; **the signature must be within 6 months of the first day of camp.**

After this form is signed, it is the responsibility of the camper's parent/guardian to send it to Duncan Park, or make arrangements for the doctor's office to submit it using one of the following methods.

1. Email: Duncan.Park@dwtx.org, with camper name and session in the message subject line.
2. Mail: Episcopal Diocese of West Texas; ATTN: Duncan Park; PO Box 9; Waring, TX 78074
3. Fax: (830) 995-2393; ATTN: Duncan Park or Jody Davis



MEDICAL RELEASE FORM SUMMER 2021

to be completed by a Physician

Camper's Name: _____

Date of Birth: _____ Age _____

Primary Physician's Name _____ Primary Physician's Phone Number _____

PROOF OF PHYSICAL:

I, _____ (Name of Physician), consider _____ (Name of Camper) to be in good health, free of any communicable diseases and able to participate in summer camp related activities including but not limited to high altitude hiking, rock climbing, rafting, camping, field games, etc.

I also hereby swear that _____ (Name of Camper) has had a physical in the last 24 months.

Physician Signature _____ Date _____

MEDICATION RELEASE – OVER THE COUNTER (OTC):

_____ (Name of Camper) has medical permission while at Duncan Park to receive:

	Reason:	Dosage:	Frequency:
____ Tylenol			
____ Ibuprofen			
____ Benadryl			

*These are the only medications supplied by Duncan Park. List any additional OTC medications or prescription below.

Physician Signature _____ Date _____

MEDICATION RELEASE – PRESCRIPTION OR ADDITIONAL OTC:

_____ (Name of Camper) has medical permission to receive the prescription and/or OTC medications listed below while at Duncan Park.

Medication (Rx or OTC?)	Reason:	Dosage:	Frequency:

Physician Signature _____ Date _____

Any prescription drugs need to be in original bottle from the pharmacy with instructions on dose and frequency given that matches the chart above. We cannot administer prescriptions or OTC medications without physician's signature, or that are expired. We suggest a few extra days of medications for unforeseen circumstances. The State of Colorado is very careful when it comes to medications. This is in order to protect children from reactions to unknown allergies and overdose. We thank you for your attention to detail in this matter!

PLEASE INCLUDE A COPY OF YOUR CHILD'S VACCINATION RECORD when you provide this document.
If you do not immunize your child for medical, religious or personal reasons, please submit a statement of exemption.