

**YMCA Camp U-NAH-LI-YA – HEALTH & AUTHORIZATION FORM WITH
PHYSICIAN'S SIGNATURE**

(To be signed by Physician/Clinic)

Mail or fax completed form at least two weeks prior to your camper's first session.

CAMP U-NAH-LI-YA
12101 Y Camp Road, Suring, WI, 54174
♦ FAX 715.276.1701

CAMPER SECTION: Parent/Guardian completes and forwards to Camper's Physician/Clinic

Session(s) Attending: _____ Dates: _____

Camper Name: _____ Male Female

Date of Birth: _____ Age at Camp: _____

Street Address: _____ City: _____ ST: _____ Zip: _____

Camper is in custody of: Both parents Mother Father Other _____

Primary Contact(s):

Name: _____ Daytime Phone Number: _____

Name: _____ Daytime Phone Number: _____

Date: _____

♦ Signature of Primary Contact (only one signature is necessary)

PHYSICIAN/CLINIC SECTION: Signature required by Physician/Clinic

Name of Physician: _____

Health Care Facility/Clinic: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone Number: _____ FAX Number: _____

Date of most recent examination (must be within 12 months of attendance to camp): _____

♦ "The above named child has been examined, and health history has been reviewed. There are no apparent medical conditions to prevent this child * from participating in normal camp activities."

♦ Signature of Licensed Medical Professional Date

*Additional notes by Physician/Clinic: