

PHYSICIAN RELEASE FORM
Hope's Crossing Camp

Date received by HCC _____

TO BE COMPLETED BY PHYSICIAN

Hope's Crossing Camp activities include swimming, canoeing, zip line, and soccer.

MAIL COMPLETED FORM TO: Hope's Crossing Camp, P.O. Box 4423, Tulsa, OK 74159

Questions? Contact Bob Degen at hopescrossingcamp@gmail.com or 918-855-0817

CAMPER's FULL NAME: _____

Diagnosis: (LIST ALL) _____

Weight: _____ Height: _____ Pulse: _____ BP: _____

Date of last Physical Exam: _____

Abnormalities found? Please describe: _____

Dates of hospitalization in last two years with admitting diagnosis: _____

List ALL medications prescribed and purpose: _____

Approval for Participation: _____ YES _____ NO

Comments/Restrictions: _____

Physician Name: (PRINT) _____ PHONE: _____

Address: _____

City: _____ STATE: _____ ZIP: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

License/UPIN: _____
