



ROCKY MOUNTAIN MENNONITE CAMP

AT 9620' ON PIKES PEAK MASSIF

709 County Road 62
Divide, CO 80814

719-687-9506
719-687-2582 (fax)

info@rmmc.org
www.rmmc.org

PHYSICAL EXAMINATION BY A PHYSICIAN

To be completed by a physician or nurse practitioner, within 2 years of the last day of camp attendance. A copy of a physical already performed by a physician or nurse practitioner with 2 years of the last day of camp attendance meets this requirement.

The participant will be part of a summer camp program at Rocky Mountain Mennonite Camp which is situated at 9,620' on Pikes Peak massif. Our camps involve a variety of physical activities including but not limited to hiking, group recreation, rock climbing, rappelling and pond activities.

Camper Name _____

Date of examination _____

General health condition of participant:

I have examined this camp participant and found him/her to be in satisfactory physical condition and capable of active participation in a regular camp program, except as listed as below:

If the camper has asthma, they are permitted to carry their own inhaler and use it as directed with staff supervision, with the parent(s) / guardian(s) written consent AND authorization from the prescribing practitioner.

As the prescribing practitioner, I give authorization for the camper to carry their inhaler with them.

Yes No Not Applicable

| | | | |
|--|--|--------------|------|
| Signature of Physician or Nurse Practitioner | | Name (print) | Date |
| Office Name | | Phone | |
| Address | | Fax | |
| City / State / Zip | | Email | |

Please submit completed form to RMMC before May 15th.