

This section to be completed by the parent:

CAMP CANAAN - TLC HEALTH FORM

Due March 26

Camper's Full Name: Birthdate (DD/MM/YYYY):			This form must be completed by a licensed medical professional approved to perform physical exams. Email the completed form to	
TLC Session: ☐ Chattooga ☐			info@campcanaan.org	
This section to be completed by physician:				
Patient's Name:				
Date of physical exam:	Height:	Weight:	Blood Pressure:	
Conditions List conditions for which the patient is receiving treatment				
Treatments/ Medications				
List treatments/ meds to be used while at camp: name/dose/frequency				



Activity Restrictions: list any to apply	Diet/Nutrition: List dietary restrictions
Past Medical/Surgical History	Allergies: List all allergies and reactions
Trip Physical Exertion Disc	claimer: To be reviewed by parent and physician
and more on our hiking trips. Due to the nature of our tribealth and able to complete the trip. Please take the info	dence! Teens can hike, rock climb, cave, mountain bike, rappel, white water raft, rips, each camper must have a physician sign off that the camper is in good ormation below into consideration as you complete your exam. Our guides are carry an emergency transponder that can summon first responder crews to their dvanced medical care can take several hours to arrive.
Chattooga Trail Hiking- 4-8 miles per day for up to 3 days while carryin White water rafting- up to class 4 rapids, cold, swift run Rock climbing and rappelling - being at height, hiking v Exposure to natural elements such as, but not limited to	nning water
Max Patch (not offered in 2024) Hiking- 4-8 miles per day for up to 3 days while carryin Caving- tight, dark spaces. Rock scrambling White water rafting- up to class 4 rapids, cold, swift run Exposure to natural elements such as, but not limited to	
Medications While we can give medications to campers, medications available.	s must be able to be stored in a hiking pack. There will be no cold storage
<u>*</u>	iewed the minor participant's health history and have discussed the TLC emotionally fit to participate in this program, except as noted above. Parent's Signature:
Physician's Name:	Physician's Signature:
Dr. Office's Name:	Dr. Office's Address: