



CAMP GOT2GO MEDICAL AUTHORIZATION FORM 2017

This section to be completed by Parent or Legal Guardian

Camper Name: _____

Camp Location: _____

Medical Provider Name: _____

Medical Provider Phone Number: _____

Medical Provider E-mail (if available): _____

This section to be completed by Medical Provider

Date of most recent clinical assessment: _____

Date of Crohn's disease or ulcerative colitis diagnosis: _____

I understand that the above listed individual is seeking to participate in a special one-week, overnight camp for kids with Crohn's disease and ulcerative colitis taking place at either **Easter Seals Camp Horizon** in Alberta, **Brigadoon Village** in Nova Scotia. All campsites provide a Medical Team who will be on-site and on-call 24-hours a day to provide basic care during camp.

I understand that this camp program will provide the above listed individual with the opportunity to participate in **supervised** activities which may include but are not limited to hiking, swimming, boating, and field games.

Based on my medical opinion, I believe this applicant is fit to:

ATTEND Camp Got2Go

NOT ATTEND Camp Got2Go

Comments/Limitations/Restrictions:

Medical Provider Signature: _____ Date: _____