



## CAMP GOT2GO MEDICAL AUTHORIZATION FORM

**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: \_\_\_\_\_