

Partners In Adventure

Inclusive Camps, Social / Recreational Opportunities for people with disabilities and friends



2023 Partners In Adventure Health Form

Please have the following filled out by a physician:

<p>Name _____</p> <p>Problem list if any _____</p> <p>Allergies _____</p> <p>To my knowledge there is no reason why this person cannot participate in supervised camp activities, including horseback riding, swimming and boating, downhill skiing, snowboarding, ice fishing, etc (All programs are available as adaptive programs for people with disabilities if needed.)</p> <p>Restrictions _____</p> <p>Physician's name (please print) _____</p> <p>Physician's signature _____</p> <p>Address _____ City _____ State _____ Zip _____</p> <p>Phone _____ Date _____</p>
