

# Partners In Adventure

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



## Partners In Adventure Health Form

**Please have the following filled out by a physician:**

<p><b>Participant's Name:</b> _____</p>
<p><b>Known Health Issues/Problems/Allergies:</b> _____</p> <p>_____</p> <p>_____</p>
<p><b>To my knowledge there is no reason why this person cannot participate in supervised camp activities, including horseback riding, swimming, boating, downhill skiing, snowboarding, ice fishing, etc. Suggested adaptations for activities include:</b></p> <p>_____</p>
<p><b>Restrictions:</b> _____</p> <p>_____</p>
<p><b>Physician's name:(please print)</b> _____</p>
<p><b>Physician's signature:</b> _____</p>
<p><b>Address</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____</p>
<p><b>Phone</b> _____ <b>Date</b> _____</p>