Partners In Adventure

Providing programming for young people with & without disabilities, fostering friendship, independence & building self-esteem.

Partners In Adventure Health Form

This form needs to be updated and resubmitted every 3 years, or if there has been a significant health change since it was last submitted to PIA.

Please have the following filled out by a physician:

Participant's Name:_____

Known Health Issues/Problems/Allergies:_____

_____

_____

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:

_____

Restrictions:_____

_____

Physician's name:(please print)_____

Physician's signature:_____

Address_____**City**_____**State**_____**Zip**_____

Phone_____**Date**_____