

Physician Release Bradford Woods Medical Camps

This form must be filled out and signed by a PHYSICIAN before being returned to Bradford Woods

Camper Name: _____

To my knowledge, there is no reason why this person cannot participate in recreational activities, waterfront activities (swimming/canoeing/water skiing/fishing/boat rides), music therapy, arts and crafts, archery, and high ropes initiatives (rock wall/zip line). However, I understand the Bradford Woods will evaluate the medical information that has been provided in relation to the existing Bradford Woods's precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g., PT, OT, SLP, Psychologist, etc.).

Camper may participate in all camp activities excluding:

Name/Title (please print) _____ MD DO NP PA Other: _____

Signature: _____

Address: _____

Phone (_____) _____ Date _____