



## 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:**

<b>Participant's Name:</b> _____			
<b>Known Health Issues/Problems/Allergies:</b> _____ _____ _____			
<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> _____ _____			
<b>Restrictions:</b> _____ _____			
<b>Physician's name:(please print)</b> _____			
<b>Physician's signature:</b> _____			
<b>Address</b> _____	<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____
<b>Phone</b> _____	<b>Date</b> _____		