

Health Care Recommendation Form

Alpengirl Camp - Due April 1

Parent/s or Legal Guardian/s (collectively “parent” or “parent/s”) of campers:

We ask that parent/s take extra time in working with their camper and licensed medical personnel to complete camp health forms (including this one) carefully and accurately. This information will be shared with Alpengirl personnel, consulting and treating medical personnel and other individuals working with Alpengirl. Otherwise, the information will remain confidential.

This Health Recommendation Form requires a medical examination within 12 months of a camper’s final day at camp this summer. If your camper had a health examination within the last 12 months of final camp date, licensed medical personnel may be willing to complete this form without another physical examination. Alternatively, they may require you to schedule an exam, in conjunction with the completion of this form. Returning campers must complete a new form annually.

NOTE: Substitute exam forms from licensed medical personnel are not accepted.

To licensed medical personnel:

Participation in Alpengirl activities includes a review of a camper’s submitted medical and health information. Disclosing information in this form does not automatically exclude participation. Alpengirl needs accurate information to assist in understanding any medical or health concerns or limitations. Alpengirl endeavors to accommodate a variety of health issues, but needs your honest and candid input.

Alpengirl activities can be strenuous and can offer exercise different than what campers may be accustomed to. Campers engage in a variety of educational and adventure activities - from hiking and horseback riding to rock climbing and rafting - in outdoor and wilderness environments at altitudes that can exceed 7,000 feet, in all types of weather. Campers will carry backpacks and camp outdoors. Please consider this information as you complete this form.

Licensed medical personnel can review the Alpengirl Acknowledgment and Assumption of Risks & Release and Indemnity Agreement and the Supplemental COVID Addendum (available on our website) for additional details about these activities and the associated risks.

Please contact us at (406) 570-6312 if you have any questions about camper activities or the associated risks, camper ability to participate or other concerns.

NOTE: Even if the applicant is accepted on an Alpengirl program, the participant and parent/s, in conjunction with their physician, should consider carefully whether Alpengirl activities are an appropriate match for the participant.

Form Instructions:

- Parent/s print this blank Health Care Recommendation Form and provide it to your child’s licensed medical provider for their review and completion.
- Parent/s (or child’s medical provider) mail (or scan and email) the completed Health Care Recommendation Form to Alpengirl BEFORE APRIL 1 (or within 7 days of registration if registering after April 1st). Late payments or late or incomplete forms will result in forfeiture of your space without refund.

Alpengirl -or- info@alpengirlcamp.com
PO Box 1138
Manhattan, MT 59741

-----**THIS FORM COMPLETED BY LICENSED MEDICAL PERSONNEL**-----

Licensed Medical Personnel:

I have reviewed the information in this form regarding camp location, activities and risks, and have assisted camper (and parent/s of minors) in completing this form in conjunction with my examination (or an examination of the camper taken within the last 12 months).

I examined this individual on ____/____/____ (Month/Day/Year)

Blood Pressure: ____/____

Weight: _____lb.s

Height: ____ ft. ____ in.

Camper is undergoing treatment at this time for the following conditions: ___ None.

Other treatments/therapies to be continued at camp: ___ None needed.

Medication: ___ No daily medication. ___ Will take the following prescribed medication/s while at camp (name, reason, dosage, frequency): _____

Are there any indications or side effects of these medications of which we should be aware ___ No

___ Yes. If so, please describe: _____

Does this camper have any medical or health condition/s, described here or otherwise which may necessitate care, affect the individual's well-being or the well-being of others at camp, or affect the individual's ability to engage in Alpengirl activities? ___ No ___ Yes. If so, please describe: _____

Do you feel the camper will require restrictions, limitations or modifications to activities while at camp? ___ No ___ Yes. If so, what do you recommend? (attach additional information if needed): _____

Additional information for health care staff at camp: _____

***Please consult with parents for any medications, known asthma, allergies or dietary restrictions, or limitations (including appropriate modifications) and/or restrictions on camp activities.**

I am a licensed medical care provider. I have examined _____ and understand that she is planning to attend Alpengirl as a camper. I understand the nature of the activities, as set forth above, and acknowledge that Alpengirl representatives are available should I have further questions about the nature and/or physical or emotional demands of these activities or other concerns. I understand that the camper will be traveling in remote areas where medical care may be significantly delayed (several hours or more from medical facilities).

Considering any restrictions or limitations stated above, the camper _____ can _____ cannot, in my opinion, fully participate in the Alpengirl program.

Signature of Licensed Medical Personnel _____

Date ____/____/____

Print name/Title _____

Clinic/Hospital _____

Phone # _____

Address _____

Thank you for your time and effort in completing this form. Please keep a copy of this form for your reference before submitting it to Alpengirl. If you have any questions or comments, please do not hesitate to contact us at 406-570-6312 or e-mail us at info@alpengirlcamp.com