



# 2025 CAMP UPAC MEDICAL WAIVER

CAMPER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

DAY PHONE: (\_\_\_\_) \_\_\_\_\_ NIGHT PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HEALTH CARE PROVIDER: \_\_\_\_\_ PHYSICIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

MEDICATION(S) THE CHILD WILL BE TAKING: \_\_\_\_\_

PLEASE LIST ANY MEDICAL ILLNESSES THE CHILD HAS: \_\_\_\_\_

ANY MEDICAL ALLERGIES THE CHILD HAS: \_\_\_\_\_

PHYSICIANS SIGNATURE

DATE

PHYSICIAN'S OFFICE STAMP  
GOES HERE

**IMMUNIZATION DATES MUST BE CURRENT TO ATTEND CAMP  
"COPIES OF IMMUNIZATION RECORDS ARE REQUIRED"**

Direct: [upaccmedicalfroms@mail.com](mailto:upaccmedicalfroms@mail.com)

I, (PARENT OR GUARDIAN) \_\_\_\_\_ OF (CAMPER) \_\_\_\_\_

AUTHORIZE A REPRESENTATIVE OF THE U.P.A.C. SUMMER CAMP PROGRAM TO OBTAIN EMERGENCY MEDICAL TREATMENT FOR ABOVE NAMED CAMPER IF REQUIRED.

SIGNATURE OF PARENT

DATE

### **ATTENTION PARENTS OR GUARDIANS:**

IT IS YOUR RESPONSIBILITY TO BE SURE YOUR CHILD IS IN GOOD PHYSICAL CONDITION AND FREE FROM SERIOUS PHYSICAL OR MENTAL AILMENTS PRIOR TO SENDING HIM OR HER TO OUR CAMP. IT IS OUR POLICY THAT ALL CHILDREN BE EXAMINED BY THEIR PHYSICIAN AS SOON AS POSSIBLE PRIOR TO ATTENDING THE U.P.A.C. SUMMER CAMP. ANY AND ALL MEDICATIONS THE ABOVE NAMED CAMPER IS REQUIRED TO TAKE MUST BE CHECKED IN WITH THE NURSE OR DESIGNATED U.P.A.C. STAFF MEMBER AT THE DROP-OFF LOCATION. **DO NOT PACK YOUR CHILD'S MEDICATION WITH THEIR BELONINGS.** CHILDREN WILL NOT BE ACCEPTED TO OUR CAMP WITHOUT COMPLETING THIS FORM. **A PHYSICIANS SIGNATURE & OFFICE STAMP MUST BE OBTAINED.** THIS IS FOR YOUR CHILD'S PROTECTION AS WELL AS THE PROTECTION OF OTHER CAMPERS/STAFF ATTENDING CAMP. THANK YOU!

**MY CHILD HAS RECENTLY BEEN EXAMINED BY A PHYSICIAN AND IS IN GOOD PHYSICAL CONDITION.** MY CHILD HAS NO CONDITION (MENTAL OR PHYSICAL) WHICH WOULD EXCLUDE HIM OR HER FROM ATTENDING OR PARTICIPATING IN THE U.P.A.C. SUMMER CAMP 2022 OR ANY OF ITS ACTIVITIES. I HAVE READ AND UNDERSTAND THE CONDITIONS LISTED ABOVE.

SIGNATURE OF PARENT

DATE