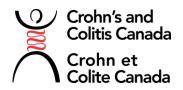


## **CAMP GOT2GO MEDICAL AUTHORIZATION FORM 2018**

This section to be completed by Parent or Legal Guardian	
Camper Name:	
Camp Location:	
Medical Provider Name:	
Medical Provider Phone Number:	-
Medical Provider E-mail (if available):	_
This section to be completed by Medical Provider	
Date of most recent clinical assessment:	_
Date of Crohn's disease or ulcerative colitis diagnosis:	_
I understand that the above listed individual is seeking to participate in a special one-week kids with Crohn's disease and ulcerative colitis taking place at either <b>Easter Seals Camp Ho Brigadoon Village</b> in Nova Scotia. All campsites provide a Medical Team who will be on-sit hours a day to provide basic care during camp.	orizon in Alberta,
I understand that this camp program will provide the above listed individual with the opport participate in <b>supervised</b> activities which may include but are not limited to hiking, swimm field games.	•
Based on my medical opinion, I believe this applicant is fit to:  ATTEND Camp Got2Go	
NOT ATTEND Camp Got2Go	
Comments/Limitations/Restrictions:	
Medical Provider Signature: Date:	



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