



Cheley Colorado Camps

Health Form for 2026

DUE MAY 1

Must be completed by a licensed medical professional approved to perform physical exams. Upload completed form to CampBrain account or email to office@cheley.com.

Name: _____

Birthdate (DD/MM/YYYY): _____

☐ First Term ☐ Second Term ☐ Quarter B-4

To be completed by a physician:

Date of last physical exam: _____ Height: _____ Weight: _____ Blood Pressure: _____

Conditions

List conditions for which the patient is receiving treatment

Treatments/Medications (please include OTC if taken regularly)

List treatments/meds to be used at camp: name/dose/frequency

Restrictions: List activity restrictions

Diet/Nutrition: List dietary restrictions

Past Medical/Surgical History

Allergies: List all allergies and reactions

Physician Authorization: I have reviewed the patient's health history and have discussed the camp program with the parent/guardian. I find the patient physically/emotionally fit to participate in an active camp program, except as noted above.

Name: _____ Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

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