

**PHYSICIAN PERMISSION
For Participation In the 2020
CAMP SPIRIT
EB WINTER ADVENTURE CAMP**

Date _____

NAME _____ BIRTHDATE _____

ADDRESS _____

CITY _____ ZIP _____

PARENT/GUARDIAN _____

DIAGNOSIS _____

COMMENT (INCLUDE PRECAUTIONS)

I give my permission for the above-named camper to participate in Camp Spirit, The RDEB Winter Adventure Camp.

Physician's Signature _____

Dear Doctor:

Would you please complete and sign this Permission Form and fax it to the number below.
Thank you,

Kaycie Artus
Director, Camp Spirit
2429 Bitterroot Lane
Golden, CO 80401

Phone: (303) 981-1320
FAX (303) 526-4102