



CAMP WAR EAGLE 2026 PHYSICAL FORM

CAMPER NAME: _____

DATE OF BIRTH: _____

MEDICATIONS (PARENTS/GUARDIANS: PLEASE COMPLETE THIS SECTION)

Please list any medications that the camper will be taking at Camp War Eagle Overnight Camp. Attach additional sheets as necessary. **Please note that camper medications are NOT accepted at Day Camp, Mobile Day Camp, and/or OZONE.*

	Medication Name	Dosage	Frequency (circle all that apply)					Reason for Taking
sample	Claritin	1 tablet – 10mg	Breakfast	Lunch	Supper	Bedtime	As Needed	Allergies
1			Breakfast	Lunch	Supper	Bedtime	As Needed	
2			Breakfast	Lunch	Supper	Bedtime	As Needed	
3			Breakfast	Lunch	Supper	Bedtime	As Needed	
4			Breakfast	Lunch	Supper	Bedtime	As Needed	

Are there any routine medications your child will not be taking at overnight camp? If so, please describe: _____

2026 CAMPER PHYSICAL FORM (TO BE COMPLETED BY HEALTH PROVIDER)

This examination must be performed by a **certified and licensed physician (M.D., D.O.), nurse practitioner, or physician assistant within twenty-four (24) months of arrival** at Camp War Eagle. Examination for any purpose within this period is acceptable, however, the provider must complete and sign the Camp War Eagle Form. **School or athletic forms are not acceptable.** Examination is for determining fitness to engage in strenuous activities.

Height _____	Weight _____	Blood Pressure _____
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	ABNORMAL	NORMAL	EXPLAIN
Eyes/Glasses	<input type="checkbox"/>	<input type="checkbox"/>	
Ear/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen/Hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Dental	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Posture (Spine)	<input type="checkbox"/>	<input type="checkbox"/>	
Muscular/Skeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Other Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	EXPLAIN
Current ear tubes	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes/Arthritis/Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Surgical History	<input type="checkbox"/>	<input type="checkbox"/>	
Other Illness/Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Cognitive, mental or emotional condition	<input type="checkbox"/>	<input type="checkbox"/>	
Dietary restrictions (not all requests can be met)	<input type="checkbox"/>	<input type="checkbox"/>	
Special health considerations	<input type="checkbox"/>	<input type="checkbox"/>	
Restrictions from swimming/diving	<input type="checkbox"/>	<input type="checkbox"/>	
Restrictions from strenuous activity	<input type="checkbox"/>	<input type="checkbox"/>	
Other restrictions	<input type="checkbox"/>	<input type="checkbox"/>	

Allergies: _____

Notes: _____

ESSENTIAL ELIGIBILITY CRITERIA OF A CAMP WAR EAGLE CAMPER

Among other things, a successful camper must be able to, above all, **function independently** (does not require one-on-one supervision) in a remote, rustic environment for a one-week to two-week time period **while living cooperatively with others**. Campers engage in activities both indoors (without air conditioning) and outdoors, on land and water in hot and humid conditions. Campers must be able to pay attention and follow instructions over a sustained period of time. The Camp War Eagle program is very active and physically challenging for campers. Daily activities include 1 hour of rigorous (often involving physical contact) team competition, and at least 3 hours of (mostly outdoor) group activities, some of which require physical stamina. Swimming can be in a lake with limited visibility and in a chlorinated pool. **If a camper has a seizure disorder or certain other chronic medical conditions, he/she must wear a life jacket.** If a chronic medical condition exists, the camper must be capable of **"self-management"**. A camper must be able to effectively interact in a group-based or community-living environment. If the camper appears to have any serious behavioral issues or special circumstances involving physical, psychological, social, or emotional impairments, the Camp Director should be notified of this **NOW**. If the camper has any health conditions or predispositions to health conditions which might place camper at a higher risk for severe illness upon exposure to or contracting a communicable disease, the Camp Director should be notified of this. Children who cannot live independently and cooperatively with other children or those who pose safety issues in our environment cannot be accepted.

*I have reviewed the **ESSENTIAL ELIGIBILITY CRITERIA OF A CAMP WAR EAGLE CAMPER** and have examined this child. I have reviewed this child's health history as disclosed in the Health Card by the child's parent or legal guardian and otherwise, and agree the information is accurate, with my additional comments. Other than any restrictions noted on this form, in my opinion, this child is fully able to engage in camp activities.*

★ EXAMINER SIGNATURE _____

PRINT NAME OF EXAMINER _____

DATE _____ PHONE _____

E-MAIL _____

COMPLETE AND SUBMIT THIS FORM TO CAMP WAR EAGLE