

**YMCA CAMP U-NAH-LI-YA HEALTH & AUTHORIZATION FORM  
TO BE SIGNED BY PHYSICIAN**

**Mail or Fax completed form at least two weeks prior to your camper's arrival at camp.**

YMCA Camp U-Nah-Li-Ya  
12101 Y Camp Rd.  
Suring, WI 54174  
FAX: 715-276-1701

**CAMPER INFORMATION**

Parent/Guardian: Complete this section and send or bring this form to your camper's appointment.

Session(s) Attending: \_\_\_\_\_ Dates: \_\_\_\_\_

Camper Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Age at Camp: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Camper is in Custody of:  Both Parents  Mother  Father  Other: \_\_\_\_\_

Primary Contact(s):

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Contact (only one signature necessary)

**PHYSICIAN SECTION**

Signature by Licensed Medical Professional Required

Name of Physician: \_\_\_\_\_

Health Care Facility/Clinic: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date of Examination (Must be within 12 months of attendance to Camp): \_\_\_\_\_

**"The above named child has been examined, and health history has been reviewed. There are no  
apparent medical conditions to prevent this child from participating in physically challenging  
outdoor activities at YMCA Camp U-Nah-Li-Ya\*."**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensed Medical Professional

\*Additional Notes by Physician