



Camp Augusta
17530 Lake Vera Road
Nevada City, CA 95959



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WAIVER OF HEALTH EXAMINATION

NAME—Last First Middle BIRTH DATE—Month/Day/Year

ADDRESS

I have been informed about the health examination recommended by health professionals. I recognize that by not obtaining a health exam by a health professional, I am personally certifying my camper's health to participate in ALL camp activities, with no exceptions. If there are exceptions, they may be noted below.

I also understand that should my camper need medical attention, medical staff at camp or elsewhere may be hindered in providing appropriate treatment.

Signature

DATE