

Wonderland Camp est. 1969

Health Exam

Camper Name:	Birthdate:	Date of Exam:	
	1 1	and caregivers provide a complete health his	•
Wonderland Camp which include	s vital health information the ca	amp should be aware of. With this information	on, the camp
is provided with diagnosis, behavi	ioral and medical concerns, me	dication list, adaptive equipment, special die	ets, and more.
include being outdoors during the etc. All buildings and cabins are c	summertime, swimming, boat limate controlled with air cond	the condition to participate in camp activities in the condition to participate in camp activities in the conditioning, challenge courses, walking long litioning or heat. Please note that activities at d Camp is a camp that serves people with displacements.	g distances, t this camp
I attest that this camper m	ay participate in all camp activ	rities.	
I attest that this camper m	ay participate except for:		
Please detail any additional conce	rns:		
	MD/DO/PA/	NP	
Signature of Provider		Date	

Wonderland Camp, 18591 Miller Circle, Rocky Mount, MO 65072 Phone: 573-392-1000 Fax: 573-392-3605 Email: info@wonderlandcamp.org