



# 2026 CAMP ASCCA

## PRINTABLE HEALTH AUTHORIZATION FORM

### CAMPER INFORMATION

Full Name : \_\_\_\_\_

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender : ☐ Male ☐ Female

### MEDICAL AUTHORIZATION

Activities offered at Camp ASCCA include, but are not limited to, swimming, arts & crafts, putt-putt golf, nature studies, splash pad, lake tubing, canoeing, zip-line and other high adventure activities, bungee trampoline, live music concerts, dancing, and long walks on gravel & paved paths.

Camp ASCCA is on Lake Martin in Alabama and campers will be exposed to lake water for certain activities during the week. I understand that the camper will be exposed to high heat indexes daily.

The level of physical exertion that can be expected may be outside of this camper's normal daily activity.

Cabins will house campers and staff who will stay together in close quarters throughout the week. All campers and staff will be expected to pass temperature/symptom screening upon arrival.

Parent/Guardian Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**I have read and understand the above authorization. I understand the environment and functionality of Camp ASCCA from what I've read. I have examined this camper and have reviewed their health history. It is my opinion they are able to engage in camp activities, except as noted.**

**\*Please attach any notes as you see necessary.\***

Qualified Medical  
Professional Printed  
Name \_\_\_\_\_

Title \_\_\_\_\_

Signature of Qualified  
Medical Professional \_\_\_\_\_

Date \_\_\_\_\_

Please fax or email form to Camp ASCCA

📍 [jocelyn@campascca.org](mailto:jocelyn@campascca.org)

📞 256-269-0714

🌐 [www.campascca.org](http://www.campascca.org)

**THANK YOU**