



Camp St. Bernard

CA-2

1600 St. Bernard Dr
Cullman, AL 35055

Tel: 256-738-6687 Fax 256-734-2925
jarndt@stbernardprep.com

Camper Name _____ Date of Birth _____ Age _____

Home Address _____
City _____ State _____ Zip _____

Please Circle: Male Female Week Attending – 1 2 3 4 Boarding Day

Health Care Recommendations by Licensed Medical Personnel

I examined the above Camp participant on _____
Weight _____ Height _____

In my opinion, the above applicant (is) (is not) able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions:

Current treatment at time of report _____

Recommendations/Restrictions at Camp _____

Known Allergies _____

Additional information for health care staff at camp _____

Signature of licensed medical personnel _____	
Printed _____	Title _____
Address _____	
Phone _____	Date _____