

Peterkin Camp and Conference Center
2009 Physician/Medical Care Provider Form

This page must be completed by your child's physician prior to camp. Please bring the child's 2009 Confidential Health and Medical Form to be reviewed by your physician during your appointment.

Camper's Name: _____ Date of Birth: _____

TO PHYSICIAN: Your careful examination and written recommendations will encourage fitness and safe participation in strenuous activities. Please review the health and medical form of the child. If it is incomplete please ask that essential information be provided to you for your assessment and evaluation.

Physical Examination:

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Date of last tetanus shot (*if not current please give a booster*): _____

General Appraisal:

Special Concerns *List only what would affect the camper while at summer camp. Please include any recommendations you might have*):

Physician's Recommendations:

I certify that I have reviewed the health history and examined the person named on this form and find him/her physically fit to participate in all camp activities except as listed below.

Restrictions (*If there are no restrictions please write 'None'*):

Physician's Name: _____

Signature: _____ Date: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____