

BUDDY CAMP

A summer day camp experience for children with and without developmental challenges designed to foster friendships and bridge the gap between children of all abilities.

PHYSICIAN RELEASE FOR CAMP PARTICIPATION

Camper's Name _____

Date of Birth: _____ Age: _____

Child's General Health: _____

Immunizations: Up to date Need the following: _____

Conditions currently being treated: _____

Significant Illness or Medical Diagnosis: _____

Specify limitations for activity: _____

(Sample camp activities include swimming, horseback riding, contact with other farm animals, and large body movement)

**Medications to be administered during camp hours:
(All medications will be administered by an RN)**

<u>Medication</u>	<u>Dosage</u>	<u>Times Given</u>	<u>Reason</u>
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Procedures to be completed during camp hours: (e.g. catheterization, tube feeding) _____

Other Recommendations: _____

The above named camper is free of contagious or infectious disease and, in my medical opinion, is in good general health condition to participate in planned BUDDY CAMP activities with appropriate supervision.

Physician Signature

Printed Name

Date