



## Physician's Statement for Summer Camp

Please note that this form must be signed and stamped by the child's physician and proof of up-to-date vaccination, documented catch up plan, or documented medical exemption is required (please attach).

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of last "Well Check": \_\_\_\_\_

Please list any long term medication(s) taken by this child and possible side effects that we might happen to observe: \_\_\_\_\_  
\_\_\_\_\_

Please list any medical, developmental, or behavioral conditions that we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Please list any family/home situations that we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Does child have any allergies to food or medication that we should be aware of?  
\_\_\_\_\_ yes (*if the answer is yes, please fill out allergy action plan*) \_\_\_\_\_ no

Is the child able to participate in all indoor/outdoor physical activities at preschool or preschool summer camp? \_\_\_\_\_ yes \_\_\_\_\_ no

Is the child up to date with all immunizations according to the American Academy of Pediatrics recommendations? \_\_\_\_\_ yes \_\_\_\_\_ no

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_