



Preston Center
OF COMPASSION
Where hearts connect and lives are transformed

Summer Recreational Program

Participant Medical Form

The information on this form is not part of the participant acceptance process, but is gathered to assist us in identifying appropriate care.

Mail this form to the address below:

Preston Center of Compassion
 2780 Schurz Avenue
 Bronx, New York 10465

This page must be completed by a licensed health care provider.
 (Please attach proof of a **CURRENT** medical exam & Immunization History.)

Please note that no child may participate in the Summer Recreational Program without a completed physical.

Child's Name: _____ Date of Birth: _____

Date of medical examination: _____
 (Exam must be within past 12 months of summer recreational program attendance.)

This child is able to participate in all camp program activities: YES NO

This child has the following restrictions on camp activities:

This child is up to date on all Immunizations:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has this patient or their parent(s)/guardian(s) had COVID19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has this patient or their parent(s)/guardian(s) been exposed to COVID19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please attach a SIGNED copy BY DOCTOR of a CURRENT Immunization Record.

Name of Health Care Provider _____ Title: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

MD STAMP Required in box below