



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

-OR- Scan and send via email to:
operations@prestoncenterofcompassion.org

This page must be completed by a licensed health care provider.

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 required Immunizations: ☐ YES ☐ 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

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