

**Mandatory Physician Signature Medical Form**

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

-Or- mail this form to the address below:  
Preston Center of Compassion  
2780 Schurz Avenue Bronx, New York 10465

**This page must be completed, signed and stamped by a licensed health care provider.  
(Please attach copy of CURRENT Medical Exam & Immunization History.)**

**Please note that no child may participate in the Summer Recreational Program without  
this form and a current medical exam and immunization record.**

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

Date of medical examination: \_\_\_\_\_  
(Exam must be within 12 months prior to 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

**Physician - Please attach a current Medical Examination and Immunization Record.**

Name of Health Care Provider \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

MD STAMP Required in box below