

Signature Form - Summer 2010

SECTION J: Parent/Guardian Authorization

The camper information and health history is correct and complete as far as I know. The person herein described has permission to engage in both the physical and educational activities of camp except as noted in the restriction area.

Camper/CIT Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

SECTION K: Signed Health Exam

This portion to be completed by a licensed health care provider (endocrinologist, pediatrician, nurse practitioner or physician assistant).

I examined the above named camper on _____ (date).

Please check all that apply:

- In my opinion the camper is physically and emotionally able to participate in an active camp program with *no restrictions or modifications*.
- In my opinion the camper is physically and emotionally able to participate in an active camp program with the following modifications or restrictions: _____

- The applicant is being treated for the following condition(s) other than diabetes: _____

Physician's Full Name (printed): _____

Address: _____

Physician's Signature: _____ Date: _____

If completed by nurse practitioner or PA please sign and date:

Authorized Signature: _____ Date: _____

Return to:

Camp Kudzu
577 Concord Road SE, Suite B
Smyrna, GA 30082
FAX 404.250.1812