



RETURN TO:

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PRIMARY HEALTH CARE PROVIDER APPROVAL FORM

This form must be completed by the camper's medical provider if the physical exam form does not include a statement indicating that the camper is cleared to fully participate in sports and/or camp activities.

Camper Name: _____ BIRTH DATE: _____ AGE: _____

Rainbow Club Worcester Danvers Long Island Session Dates: _____ to _____

Dear Health Care Provider,

The above-named camper is registered to participate in one of The Barton Center for Diabetes Education's Day Camp programs. These programs include several hours of moderate to intense physical activity daily; including sports such as swimming, soccer, basketball, tennis, and field hockey and running games such as capture-the-flag.

Please verify that the above-named camper is physically capable of participating in this type of program and attach a **copy of a physical exam** performed no more than 12 months prior to the last day of the planned camp session and a copy of the camper's **immunization record**.

Thank you for your cooperation.

- **The above-named camper is physically capable of participating in the program described above and has permission to engage in all program activities.**

Health Care Provider Signature

Date

Print Name