



RETURN TO:

The Barton Center for Diabetes Education, Inc.
PO Box 356, 30 Ennis Road, North Oxford, MA 01537
Tel: (508) 987-2056, Ext. 2010

ADVENTURE PROGRAM 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: _____

New England Adventure Session Dates: July 11 to July 25, 2020

Dear Health Care Provider,

The above-named camper is registered to participate in The Barton Center for Diabetes Education's New England Adventure Program this summer. During the two-week session, Adventure Program participants set up camp at several different locations in New England. During the day, campers are involved in a program that includes periods of intense physical exertion such as hiking, bicycling, canoeing/kayaking, rock climbing, sailing, windsurfing, and whitewater rafting, under the supervision of trained program leaders and health care staff.

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 signed **copy of the camper's immunization record.**

Thank you for your assistance.

- **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