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: ______

Clara Barton Camp □  Camp Joslin □  Vermont Overnight Camp □
Clara Barton Camp & Camp Joslin Coed Camp □
Rainbow Club (Day) □  Danvers Day □  Worcester Day □  Long Island Day □

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 Residential or 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 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