



**RETURN TO:**

**The Barton Center for Diabetes Education, Inc.**  
 PO Box 356, 30 Ennis Road, North Oxford, MA 01537  
 Tel: (508) 987-2056, Ext. 2000

**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: \_\_\_\_\_

Worcester 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 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.

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