



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

Clara Barton Camp & Camp Joslin Coed Camp  Vermont Overnight   
 Rainbow Club (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.

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 including COVID-19 vaccination card.**

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