**PHYSICIAN’S SECTION**

(To be filled out by physician)

## Please mail or email before July 5, 2022

Camper’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last examination (**must be after February 1st**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date & Most recent Hemoglobin A1C result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child may participate in the following: Strenuous activity *□*Yes *□* No

Swimming/diving *□*Yes *□*No

Child has the following limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments and/or recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I understand that the child’s diet and insulin may be adjusted as needed. In my opinion, this child may participate in an active camp program, unless otherwise specified above.**

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Physician Signature Date

### PLEASE BE LEGIBLE

Physician’s Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_