



HEALTHCARE PROVIDER SIGN-OFF

In addition to the health information gathered in the summer camp registration process, the following form needs to be completed by a Licensed Medical Professional if your child meets any of the following criteria: 1) child has a chronic health concern or activity restrictions, or 2) child has undergone surgery three months or less prior to the camp season.

This form can be scanned and uploaded into the camper registration system, or emailed to program@pyoca.org. A hard copy may also be mailed to Pyoca or turned into the Healthcare Supervisor during camper check-in. **Note:** *if you are bringing a hard copy to camper check-in, please notify us in advance so that our camp staff and Healthcare Supervisor can best serve your child.*

Full Name of Camper: _____ D.O.B: ____/____/____

To Be Completed By A Licensed Medical Professional:

I examined this individual on ____/____/____.

BP _____ Weight _____ Height _____

Please Circle: In my opinion, the above applicant is / is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions:

Recommendations and restrictions at camp:

Treatment to be continued at camp:

Medications to be administered at camp (name, dosage, frequency):

Known allergies: _____

Additional information for healthcare staff at the camp:

Signature of Licensed Medical Professional: _____ Date: _____

Printed Name of LMP: _____ Phone: _____

