

In addition to the health information gathered in the registration process the following form needs to be completed by a Licensed Medical Professional if your child meets any of the following criteria.

- Child has a chronic health concern or any activity restrictions.
- Child has undergone surgery three months or less prior to camp session.

This Form can scanned and uploaded in the camper registration system or emailed to program@pyoca.org or a hard copy can be mailed to Pyoca or turned in during camper check-in.

Healthcare Recommendations by a Licensed Medical Professional

I examined this individual on ____/____/____

BP _____ Weight _____ Height _____

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):

Any medically-prescribed meal plan or dietary restrictions:

Known allergies:

Description of any limitation or restriction on camp activities:

Additional information for health care staff at the camp:

Signature of Licensed Medical Personnel: _____ Date _____

Printed: _____

Phone: _____