

HAVE YOUR PHYSICIAN OR NURSE PRACTITIONER COMPLETE THIS FORM. THIS FORM IS REQUIRED FOR PARTICIPATION IN OVERNIGHT CAMP. PLEASE RETURN BY MAY 14TH.

Medical Recommendation Form (Mandatory)

To Physician/ Nurse Practitioner: This child has enrolled in a summer overnight program at Camp Widjiwagan. The program includes physical activity (i.e., swimming, hiking, soccer, climbing). Our healthcare staff uses your information to help meet the health needs of the person described.

Print MD/NP Name: _____	City & State: _____
Office Telephone: (____) _____	Date this form was completed: _____

Camper Name: _____

Male Female Age: _____ Date of Birth: __/__/____ Session Attending: _____

Physical Exam done today: Yes No If No, what is the date of last exam? __/__/____

Camp requires a physical exam within last 24 months of the first camp session date.

Is this child under the care of a physician for any conditions? Yes No

If Yes, Please explain care: _____

Please describe treatment and/or medication to be continued at Camp Widjiwagan for this camp?

This camper is allergic to: _____

Should exposure occur, how should the reaction be treated? _____

Describe any medically prescribed meal plan or dietary restrictions: _____

Do you feel that the camper will require limitations or restrictions to activity while at camp? Yes No

If Yes, what do you recommend: _____

Additional Sheet Attached

Medical Personnel Signature _____

Camp Widjiwagan - 3088 Smith Springs Rd - Nashville, TN 37013

Fax: 615-360-2119