

# Woodmont Summer Camp

Correspondence: PO BOX 289 Wantagh NY 11793 (516) 409-4414

## Medical Release Form\* (by Physician)

Physician's release for WOODMONT SUMMER CAMP

Date: \_\_\_\_\_

It is my understanding that \_\_\_\_\_ will be participating in all the activities at Woodmont Summer Camp. I understand that the program includes the following activities:

Sports: Tennis, Basketball, Volleyball, Badminton, Soccer, Lacrosse, Street Hockey, Football, Kickball, Softball, T-Ball, field trips

Games

Swimming

Cardiovascular exercise

As the individual's attending physician, I am not aware of any medical condition that would prevent \_\_\_\_\_ from participating in the activities outlined above.

The following immunizations must be up to date from the calendar year commencing September 1st, of the preceding year (please give dates). Immunization History shall include but not be limited to the dates of immunization against:

DPT: \_\_\_\_\_

MMR: \_\_\_\_\_

Haemophilus Influenza

Type B: \_\_\_\_\_

Hepatitis B: \_\_\_\_\_

Measles: \_\_\_\_\_

Meningitis: \_\_\_\_\_

Mumps: \_\_\_\_\_

Polio Myelitis: \_\_\_\_\_

Rubella: \_\_\_\_\_

If there are any additional comments regarding this patient or program, please list in the remaining space below.

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Signed \_\_\_\_\_ Date Office

Phone \_\_\_\_\_

\*Form due June 1st, \_\_\_\_\_