

Woodmont Summer Camp 2008

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

Medical Release Form* (by Physician)

Physician's release for WOODMONT SUMMER CAMP 2008

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, 2007 (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.

Signed

Date

Office Phone

*Form due June 1st, 2008