



August 4 - 8, 2024

info@campbru.com

PHYSICIAN'S SECTION

(To be filled out by physician)

Please mail or email before **July 5, 2024**

Camper's Name _____

Date of last examination (must be after February 1st): _____

Date & Most recent Hemoglobin A1C result: _____

Child may participate in the following:

Strenuous activity Yes No

Swimming/diving Yes No

Child has the following limitations: _____

Additional comments and/or recommendations: _____

I understand that the child's diet and insulin may be adjusted as needed. In my opinion, this child may participate in an active camp program, unless otherwise specified above.

Physician Signature
PLEASE BE LEGIBLE

Date

Physician's Name (please print)