

Chris Dudley Basketball Camp

P.O. Box 242 * Turner, OR * 97392
Phone: 503.349.0073 * www.chrisdudley.org
Camp Dates: July 30-August 4, 2017

PHYSICIAN'S SECTION

(To be filled out by physician)

Please mail or fax between February 15th and July 5th

Camper's Name _____

Date of last examination (must be after February 15th): _____

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

Date

PLEASE BE LEGIBLE

Physician's Name (please print) _____

Address _____ City _____ State _____ Zip _____

Office Phone (_____) _____

Please return this information to:

info@chrisdudley.org

or

**Chris Dudley Basketball Camp
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