Chris Dudley Basketball Camp

P.O. Box 242 * Turner, OR * 97392
Phone: 503.830.0780 * www.chrisdudley.org

Camp Dates: July 28-August 2, 2019

PHYSICIAN'S SECTION

(To be filled out by physician)

Please mail or e-mail 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:
kelsey@chrisdudley.org
or
Chris Dudley Basketball Camp
P.O. Box 242 * Turner, OR 97392