



**Alabama 4-H Summer Camp
PHYSICIAN REFERRAL**

This form must be completed by a physician or nurse practitioner. If this form is not completed in its entirety, the youth will not be able to participate in activities at the Alabama 4-H Center.

(to be completed by a physician or nurse practitioner having had an exam within the last 24 months)

Camper name _____

Summer Camp session _____

Date of last physical exam (must be within the past 24 months) ____/____/____

Description of any camp activity (i.e. climbing wall, high ropes elements, swimming, caving, hiking, general spots activities) from which camper should be exempted due to health reasons/limitations

In my professional opinion, this individual:

_____ Should be allowed to participate in an active camp program at the Alabama 4-H Center.

_____ Should NOT be allowed to participate in an active camp program at Alabama 4-H Center.

This camper is under my care for the following condition(s):

Treatment to be continued at camp:

Medications to be administered at camp (name, dosage, frequency), including OTC medications:

Medically prescribed meal or dietary restrictions:

Known allergies (food, environmental, medications):

Date of recent tetanus shot ____/____/____

Printed name (of physician or nurse practitioner)

Title _____

Signature _____

Date ____/____/____ Phone (____) _____

Address _____

