

Medical Release Form

Parent Consent/Physician's Certificate

Please check all camps attending	☐ Performing Arts	☐ Science	Varsity: ☐ Basedall ☐ Basketball ☐ Termis ☐ Youth and Money Bunk (assigned later by camp)	
No camper shall be permitted to particip examined and pronounced in satisfactor			signed by the camper's parent or guardian, and until the camp	er is
For Parents/Guardian We/I consent to full participation in all sp	ports and physical activities by:			
Camper			Age	
Parent/Guardian Signature			Date	
	after consultation between nurs		ed below in the Physician's Order and/or over-the-counter . Permission is also given for medical information to be shared	l with
Daytime phone numbers: Work				
Home				
Cell			<u></u>	
Emergency contact (name and phone nu	ımber)			
			sports and activities during the camp program.	
Any physical nandicaps or other limitation	ons			
Any allergies				
Any medications				
Any other medical conditions of which o	ur nursing staff should be awar	e		
Physician's Order for Medication Admini	stration			
Diagnosis:				
Medication:				
Dose and time to be given:				
Side effects:				
Physician name		Physician phone	9	
Physician signature			Date	

Medical forms should be returned to:

Date of most recent physical exam

Charles S. Kaesshaefer Penn Charter Summer Camps 3000 West School House Lane Philadelphia, PA 19144

215-844-3460 ext. 364 summercamps@penncharter.com www.penncharter.com

Complete a medical form for each camper and return it to the camp office before the first day of camp.