

PHYSICIAN RELEASE FORM

Comprehensive Tutoring Team, Inc.

2009 Summer Literacy Enrichment Camp

Instructions for Parent/Guardian:

Please detach this form along the dotted line and have it filled out by your child's physician, then return to Gateway Longview Family Resource Center. This form **MUST** be completed and returned before the start of camp, or your child will not be able to attend.

In order to participate in the CTT 2009 Summer Literacy Enrichment Camp, each participant must have had a physical (with in 1year). I, _____, parent of _____ give permission for _____ to complete this medical release form.

*** ATTACH A COPY OF MOST RECENT IMMUNIZATION RECORDS ***

Patient Name: _____ Date of Birth: ____/____/____

() _____ was seen in my office for a physical on ____/____/____ and was found to be in good health. S/he may fully participate in camp activities.

() _____ was seen in my office for a physical on ____/____/____ and was not found to be in good health. S/he may not fully participate in camp activities.

() This camper may not participate in the following activities: _____
_____ until ____/____/____

() This camper, _____, requires the following prescription and/or over-the-counter medications while attending camp: _____

Medical Provider Name: _____

Medical Provider Address: _____

Medical Provider Phone Number: _____

Medical Provider Signature: _____ Date: ____/____/____