



Medical Release Form

Parent Consent/Physician's Certificate

Please check all camps attending

- Day Sports Enrichment Varsity _____ which sports?
 Performing Arts Keystone State Boychoir Pennsylvania Girlchoir
Bunk (assigned later by camp) _____

No camper shall be permitted to participate in any activities until this certificate of consent is signed by the camper's parent or guardian, and until the camper is examined and pronounced in satisfactory physical condition by his/her own physician.

For Parents/Guardian

We/I consent to full participation in all sports and physical activities by:

Camper _____ Age _____

Parent/Guardian Signature _____ Date _____

(Signature gives permission for the camp nurse to administer prescribed medication as outlined below in the Physician's Order and/or over-the-counter medication at the request of the parent after consultation between nurse and parent/guardian. Permission is also given for medical information to be shared with appropriate camp staff for the safety of your child.)

Daytime phone (list all phone numbers including home, work, cell) _____

For Physicians

I have examined the above camper and pronounce him/her to be physically fit to participate in all sports and activities during the camp program.

Any physical handicaps or other limitations _____

Any allergies _____

Any medications _____

Physician's Order for Medication Administration

Diagnosis: _____

Medication: _____

Dose and time to be given: _____

Side effects: _____

Physician name _____ Physician phone _____

Physician signature _____ Date _____

Date of most recent physical exam _____

Medical forms should be returned to:

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.