

2008 Gales Creek Camp Application
PHYSICIAN'S SECTION

Signature Required to Register Camper

Must be Received 4 Weeks Prior to Camp Session

Camper's Name: _____

Dates of Camp Session: _____

❖ Date of last physical examination: (**must be within 6 months of camp session**) _____

❖ **Date** & **result** of most recent Hemoglobin A1C _____

Child may participate in the following:

Strenuous activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hiking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swimming	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Child has the following limitations:

Additional comments, concerns or recommendations: _____

I understand that the child's diet and insulin may be adjusted by the physician at camp as needed. In my opinion, this child may participate in an active camp program, unless otherwise specified above.

Physician Signature

Date

Physician's Name {**please print**} _____

Address: _____

City: _____ State: _____ Zip: _____

Please Return Information To:

Gales Creek Camp Foundation for Children with Diabetes
6975 SW Sandburg # 150 Portland, Oregon 97223
Phone: 503.968-2267 - Fax: 503.443-2313