

2010 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