



Family Name _____
Child's Name _____
Birth Date (MM/DD/YY) ____/____/____

MEDICAL INFORMATION
To be completed by physician or licensed provider:

My patient is in good general health and has no contraindications to participate in an active outdoor camp program: **yes** **no**

Date of last physical exam (MM/DD/YY) ____/____/____

If last physical exam was given before August 1, 2016, a new physical exam must be given prior to beginning camp.

My patient is current in all immunizations required by Maryland Health Department: **yes** **no**

Date of last tetanus shot (MM/DD/YY) ____/____/____

Comments:

Physician's Signature _____ Date (MM/DD/YY) ____/____/____

Physician's name _____ Phone # ____ - ____ - ____

Address _____
Street/Suite # _____ City _____ State _____ Zip _____

Please return this form to Camp Gan Israel, attention Bert, using one of the following:

email: info@CGINorthPotomac.com

mail: 11520 Darnestown Rd., Gaithersburg, MD 20878

If you have any questions, please call our secretary, Ms. Bert Seidle, at 301-926-3632, x 104.