



Physician Signature Required for Attendance at Camp Fatima Special Needs Week 2022

This form must be signed and dated by your camper's primary care physician for acceptance at Camp Fatima Special Needs Week 2022. Please upload it to the PAPERWORK section of your camper's registration. If you prefer to mail this form, it may be sent to Camp Fatima (address below).

Camper name (please print): _____

Camper date of birth (mm/dd/yyyy): _____

To be completed by the physician:

I have reviewed my patient's health history and have discussed the camp program with his/her parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program in 2022.

Name of licensed provider (please print): _____

Signature of provider: _____

Title: _____

Date: _____

Office Address: _____

Street

City

State

Zip code

Telephone: _____

32 Fatima Road, Gilmanton Iron Works, NH 03837