



Physician Signature Required for Attendance at Camp Fatima Special Needs Week 2021

This form must be signed and dated by your camper's primary care physician for acceptance at Camp Fatima Special Needs Week 2021. 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 2021.

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