

Camp Cherith
Medical Provider's Instruction/Signature Form
(required only if on prescription medication)

Name _____

Recommendations & restrictions while at camp:

Special Diet

Strenuous Activity

Water Activity

Other _____

Prescribed Medication (name, dosage, and reason for taking)

Medical Provider's Signature and Title

(_____) _____

Phone Number

Date

Exam not required. You may just bring health form to your clinic for instructions and signature of prescription medication provider.

