

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

Camper 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.
Simply bring this form to your clinic for instructions and signature of prescription medication provider.