



**Alabama 4-H Summer Camp  
PHYSICIAN REFERRAL**

This form must be completed by a physician or nurse practitioner. If this form is not completed in its entirety, the youth will not be able to participate in activities at the Alabama 4-H Center.

(to be completed by a physician or nurse practitioner having had an exam within the last 24 months)

**Camper name** \_\_\_\_\_

**Summer Camp session** \_\_\_\_\_

**Date of last physical exam** (must be within the past 24 months) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Description of any camp activity (i.e. climbing wall, high ropes elements, swimming, caving, hiking, general spots activities) from which camper should be exempted due to health reasons/limitations**

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**In my professional opinion, this individual:**

\_\_\_\_\_ Should be allowed to participate in an active camp program at the Alabama 4-H Center.

\_\_\_\_\_ Should NOT be allowed to participate in an active camp program at Alabama 4-H Center.

**This camper is under my care for the following condition(s):**

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**Treatment to be continued at camp:**

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**Medications to be administered at camp (name, dosage, frequency), including OTC medications:**

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**Medically prescribed meal or dietary restrictions:**

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**Known allergies (food, environmental, medications):**

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**Date of recent tetanus shot** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed name (of physician or nurse practitioner)**

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Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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