

Doctor's Signature Form

*****This form is required in addition to the online medical form that you must complete on the registration website. This form can be filled in by families but MUST be reviewed and signed by the camper's primary care physician. If your camper has multiple doctors please choose the doctor most familiar with their medication needs.**

Camper Information

Camper's Full Name _____

Date of Birth ____/____/____ Age ____ Sex ____

Primary Contact's Name _____

Primary Health Care Facility Information

(Please list primary care, even if a different doctor is signing this form)

Facility Name _____

Name of Primary Physician _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Emergency Phone Number _____

Camper's Medical Information

Activity restrictions? _____

Date of most recent Tetanus shot: _____

Does this camper have seizures? _____ Yes _____ No _____ Grand Mal _____ Absence

What protocol do you recommend we follow if a seizure occurs? _____

Medication Information

****Include all prescription medication and over the counter medications (including supplements & vitamins) that the camper is currently taking.**

Please include all the information requested for each medication listed.

Name & strength: _____

Dosage: _____

Frequency: _____

How administered: _____

Indication for use: _____

Name & strength: _____

Dosage: _____

Frequency: _____

How administered: _____

Indication for use: _____

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Dosage: _____

Frequency: _____

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*****If you need more space to list medications please make an extra copy of this page as needed.***

Medical Certification

I have examined the camper named on this form, and certify, based on that examination and review of the health and medication information contained on this form, that there is no medical evidence which would preclude the camper's participation in the Autism Society of North Carolina's Camp Royall programs.

**Medical
Professional's
Signature**

X _____

**Date
Signed**

X _____

**Medical
Professional's
Printed Name**

**Medical
Professionals
Address**

Once signed please either upload to the registration website: <https://camproyall.campbrainregistration.com>, email to camproyall@autismsociety-nc.org or fax to 919-533-5324.

For questions please contact the Camp Royall office at 919-542-1033.