



Greenbush Child Caring, Inc.

620 Columbia Turnpike, East Greenbush, NY 12061

Phone: (518) 477-4125 Fax: (518) 479-4240

www.greenbushchildcaring.org

2017 GREENBUSH SUMMER DAY CAMP MEDICAL STATEMENT

CHILD'S NAME: _____ PARENT/GUARDIAN NAME: _____

TO BE COMPLETED BY MEDICAL PROVIDER:

I have completed a physical exam on _____, and hereby state that this child is approved for participation in Greenbush Child Caring's Summer Day Camp program as follows:

Without restrictions

With special considerations or restrictions as described below:

Signature of Physician

Date of Physical