



SUPPLEMENTARY HEALTH FORM FOR 2010 LIT / CIT PROGRAM

This form is to be filled out and **signed by a Physician** in addition to the Health and Information Form.

LIT / CIT Name: _____

I, _____ (physician's printed name), examined this individual on _____ (date). In my opinion, the above camper is is not able to participate in an active camp and leadership training program.

The camper is under the care of a physician for the following conditions:

Recommendations and Restrictions at Camp

Treatments to be continued at camp:

Medications to be administered at camp (name, dosage, frequency):

Any medically-prescribed meal plan or dietary restrictions:

Known allergies:

Description of any limitation or restriction on camp activities:

Physician's Signature: _____

Date: _____ Phone Number: _____