# BELLIS MUSIC CAMP
## Doctor's Approval and Instructions

Camper's Name: _____ Date of Birth: _____
Last First

Address: _____
City State Zip

**TO BE FILLED IN BY A QUALIFIED PHYSICIAN, NURSE PRACTITIONER, PHYSICIAN'S ASSISTANT, OR REGISTERED NURSE WORKING IN CO-OPERATION WITH A LICENSED PHYSICIAN**

Camper _____ is approved for all normal camp activities, including swimming, except as follows: (if no exceptions, please write "none")

_____

General physical and emotional status: _____

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

_____

Describe management of significant illness to be continued at camp:

_____

Medications to be administered at camp: _____

Instructions to Camp Nurse: (if none, please write "none")

_____

_____

Known Allergies: Bee Sting _____ Aspirin _____ Other Drugs _____

Date of Last Tetanus Shot: _____

This person is in satisfactory condition and may engage in all usual activities except as noted above.

Name of Physician _____

Signature_____

Address_____
City State Zip

Phone_____ Date _____

*Bellis Music Camp, P.O. Box 1194, Sierra Madre, CA 91025*

@BCL@D0048511