



## Camp Marymount

*Strengthening Community and Inspiring Individuals – Mind Body and Spirit*

This form is for campers who have conditions that may put them at greater risk for complications of Covid-19 as indicated by the CDC <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

The form is to be completed by the camper's physician and/or office staff after consultation with the parent or guardian in order for the camper to be accepted for the summer session at Camp Marymount 2021.

**Camper First Name:** \_\_\_\_\_ **Camper Last Name:** \_\_\_\_\_

**Circle camper session 2021:**

<b>Junior Girls' 2 week</b>	<b>Senior Girls' 2 Week</b>
<b>Junior Girls' 3 week</b>	<b>Senior Girls' 3 week</b>
<b>Junior Boys' 1 week</b>	<b>Senior Boys' 1 week</b>
<b>Junior Boys' 2 week</b>	<b>Senior Boys' 2 week</b>

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

Medications to be administered while at camp:

Other treatments to be continued at camp:

Other Notes (if needed):

\*I have discussed the dangers of Covid-19 with the parent/guardian of \_\_\_\_\_ and can recommend him/her as a camper this summer.

The condition of this child does not preclude him/her from attending and participating safely in the regular camp activities even with the risk of Covid-19.

Name of Licensed provider (please print) \_\_\_\_\_

Provider Signature \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

**Please fax (615) 799-2261 or scan and email form to [info@campmarymount.com](mailto:info@campmarymount.com) ASAP or at least one week prior to the camper's arrival at Camp Marymount.**