



**Greenbush Child Caring, Inc.**

620 Columbia Turnpike, East Greenbush, NY 12061

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

www.greenbushchildcaring.org

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**2018 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