PHYSICAL EXAM FORM / MEDICAL MANAGEMENT PLAN
To be completed by Parent/Guardian and Child's Health Care Provider

City of Stow
Tradition Centered. Future Focused.

To Parent/Guardian: Please complete the information in the box BEFORE submitting to your child's health care provider.

Name of applicant: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

Address: _____

To Child's Health Care Provider:
This form should be completed and approved by the child's diabetes nurse educator, endocrinologist, or primary care provider/ physician. Your cooperation in supplying the following information about an applicant for the City of Stow Day Camp is greatly appreciated. The child will not be accepted without your approval of this form.

Date of most recent exam: _____

I have read the Diabetes Management Plan, attached to this form, and certify that it provides a complete regime of care for this child's safety during summer camp. I recognize that the child will be active at this camp and represent that this plan accounts for applicable varying activity levels. Any restrictions are noted below.

Have any complications or health been detected? ◯ Yes / ◯ No (Circle One)
If yes, please specify: _____
_____

Is the child emotionally and physically mature or responsible enough to independently manage his/her health concerns? Yes / No (Circle One)
If not, please explain the minimum level of medical licensure or training required for the child's safety (unless fully described in the Medical Management Plan):
_____
_____

Do you have any specific concerns regarding the management of this child's safety or health at camp not fully described in the Medical Management Plan? _____

If yes, please explain: _____
_____

Do you recommend any limitation on child's activity while at camp beyond those described in the Medical Management Plan? Yes / No (Circle One)
If yes, please describe: _____
_____

I certify that the information above is correct to the best of my knowledge and agree to answer questions and provide management guidance to the Town's summer camp program as requested at the sole cost and expense of the parent/legal guardian of the child.

Primary Health Care Provider's Name: _____
Address: _____ Phone: _____

Health Care Provider Signature: _____

Parents/Guardians Name: _____
Address: _____ Phone: _____

Parents/Guardian Signature: _____