



2008 Medical Recommendation

Parents: Have your physician or nurse practitioner complete this form if, in your opinion, information from your medical provider gives our program a better understanding of your child's health need(s).

To Physicians and Nurse Practitioners:

This child has enrolled in a summer program at Camp Pendola. The program includes physical activity (i.e., swimming, hiking, canoeing) and takes place in/near the Tahoe National Forest. Our healthcare staff will use your information to help meet the health needs of the person described. The healthcare staff are not registered nurses; but they have advanced first aid skills.

Name MD/NP: _____

Office #: _____

Address: _____

Date the form was completed: _____

Camp Pendola

*Return this form to:
Camp Pendola
2110 Broadway
Sacramento, CA 95818*

Name of Participant: _____

Session: _____

- This child is under the care of the physician for the following reason(s):

- Describe the treatment(s) to be continued during his/her Camp Pendola experience:

- List prescription medication(s) which this person should take while at Pendola (provide medical orders for administration):

- Describe significant physical findings regarding this child and/or describe any limitations which may impact the child's participation in our program: _____

We may have neglected to ask you something you feel is needed to adequately address the health needs of this child. If that is the case, please add comments. Thank you for helping provide a successful Pendola experience for this child!

Doctor's signature: _____ Date: _____