ROTARY YOUTH CAMP OF NORTH FLORIDA, INC.

POST OFFICE BOX 10426

TALLAHASSEE, FLORIDA 32302

850-328-0302

MEDICAL FORM 2024

Name of camper

Emergency contact /Parent name & phone

Birth date: age: sex:

The above named person has been seen by my office. The last annual exam was

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I know of no reason why this child should not attend summer overnight camp.

Signature and office stamp