



Waiver of Health Examination for Camp Entry 2023

Camper's Information

Child's First Name _____ Last _____

Date of Birth ___ / ___ / _____

Address (street, city, state & zip)

Street _____

City _____ State _____ Zip _____

I choose not to provide a current copy of my child's health examination for camp entry.

Signature Section

Parent Name (please print)

Parent Signature

Date ___ / ___ / _____

Return form to summercamp@stmichaelschool.org