



Riverhead Recreation Department
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Riverhead, NY 11901
Phone: (631) 727-3200 ext. 740
Email:keller@townofriverheadny.gov

**FOR OFFICE
USE ONLY:**

STOTZKY
 GYCC

Summer Recreation Physical Examination Form

THIS FORM MUST BE COMPLETED BY THE CHILD'S PHYSICIAN AND SUBMITTED WITH A CURRENT COPY OF THE CHILD'S IMMUNIZATION RECORD AND CURRENT PHYSICAL FORM BY THE DESIGNATED DATES AND PRIOR TO THE START OF CAMP. ALL 3 FORMS ARE REQUIRED.

Child's Name: _____ Date of Birth: _____

Date of most recent physical: _____

Please list any special recommendations for this child:

Please list any allergies for this child:

On the basis of my physical exam and my knowledge of the above named child, I verify that he/she is free from contagious & communicable disease and is physically able to participate in all activities offered through the Town of Riverhead Summer Recreation Program. I also verify that this child's immunizations are complete and up to date.

Signature of Physician

Print Name

Date

Address

Phone Number

City, State, Zip