

Medical Authorization for Coach for Kids Wonder World Camp Participation

I hereby certify that the child named below has been evaluated by me and is in good health to participate in all physical activities, sports, and events organized by Coach for Kids Wonder World Camp.

- **Participant's Full Name:** _____
- **Date of Birth:** _____

The participant:

- Is free of any contagious or infectious diseases.
- Is physically fit to engage in camp activities including physical education, sports, and recreational play.
- Has no restrictions that would prevent participation in typical camp activities.

Please complete the section below if applicable:

- Allergies (if any): _____
 - Medications (if any): _____
 - Special instructions or considerations (if any): _____
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Physician's Information and Signature

- **Physician's Name (Printed):** _____
- **License Number:** _____
- **Phone Number:** _____
- **Office Stamp (if available):**

Signature: _____

Date: _____