

Doctor's Authorization

I _____ (name of Physician) hereby certify that I am a licensed physician, and that I recently performed a complete physical examination and diagnosis of _____ (“the child”) on _____/_____, **2024**, and as a result, I hereby certify that the child is sufficiently physically fit and capable to attend camp and to participate without restriction in any outdoor sports, games, exercise and recreational activities, including hiking and any other physical activities which may take place at the meetings and the camp of the **SVDP's Scouts**.

Physician's signature:

Date

Name

Phone: _____

Address