



# Laurel Lake Camp

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If you have not done so already, please print this form and take to your physician's office to get signed. Please bring this document with you when you register your child at the bus or camp; you may also mail it to us.

\_\_\_\_\_ is in good health and to the best of my knowledge has no  
(child's name)  
communicable diseases.

Signed \_\_\_\_\_  
(physician's signature)

Date of last physical exam (must be within the last 24 months) \_\_\_\_\_