

**TAMPA CREATIVE CAMPS  
HEALTH FORM**

Fax to:

Mail to: **Tampa Creative Camps**, 4307 West Roland Street, Tampa, Florida  
33609

This is to certify that \_\_\_\_\_ is able to  
(Participant's name)

Participate in any recreation or athletic program at St. John Greek Orthodox Day School or the Tampa Creative Camps CAST, or alternatively, needs the following as reasonable accommodation which will allow them to participate.

Special Instructions/Allergies:

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Doctor's Name: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL RELEASE EXPIRES ONE YEAR FROM DATE OF  
DOCTOR'S SIGNATURE.**

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**FORM MUST BE RETURNED PRIOR TO BEGINNING PROGRAM.**