



**Aurora Day Camp**  
3340 Peachtree Rd NE  
Suite 1010  
Atlanta, GA 30326  
470-632-0909 phone  
470-632-0909 fax  
registrar@auroradaycamp.org

**PARA EL DOCTOR DE SU NIÑO(S)**

January 2018

Dear Practitioner,

Please find the Physician's Medical Form for you to complete so your patient may attend Aurora Day Camp. As you know, at Aurora, we seek to provide a fun-filled summer in a medically safe environment. This requires having a complete medical history on all of our campers. At times of medical urgency, it is critical that all medical forms are thoroughly completed with all pertinent information. As you can imagine incomplete forms challenge the camper's safety. We therefore cannot accept incomplete forms. It is imperative that you review and complete the attached in its entirety. All medical forms will be screened, and if incomplete, returned to the family and the child will not be allowed to attend camp.

Please:

- Complete the medical form in its entirety
- Complete the Varicella history
- Attach any pertinent forms (such as copies of records or labs)

We designed the form to make it as simple as possible for your convenience.

Thank you for helping your patient attend a spectacular summer at Aurora Day Camp.

Yours truly,

Glen Lew, MD  
Medical Director, Aurora Day Camp