

# 2019 University of Alabama Wheelchair Basketball Camp

## DOCTOR'S PERMISSION FORM

### Doctor's Permission

WE WILL NOT ACCEPT ANY SCHOOL PHYSICALS OR DOCTOR'S NOTES THAT WERE COMPLETED OR SIGNED **PRIOR TO MAY 2018**.

This will certify that \_\_\_\_\_ is  
(print name of camper)

physically qualified to attend the University of Alabama Wheelchair Basketball Camp.

**Physician's Signature:** \_\_\_\_\_

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

**The Camper is Allergic to what Medications:**

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**Dr. Office Official Stamp:**