Date: [Date]

RE: [Patient Full Name]
Date of Birth: [Patient DOB]

To Summer Camp Administration and Medical Staff,

I am the treating [Clinician Title, e.g., Child Psychiatrist/Pediatrician] for [Patient Name]. This letter confirms that the patient is currently under my care for behavioral health management and is medically cleared to participate in summer camp activities.

Current Medication Regimen:

- **Medication Name:** [Name] | **Dosage:** [e.g., 10mg] | **Frequency:** [e.g., Once daily in AM]
- **Medication Name:** [Name] | **Dosage:** [e.g., 5mg] | **Frequency:** [e.g., As needed for anxiety]

Protocol and Instructions:

- **Administration:** All medications should be administered by the camp nurse or designated health officer as prescribed above.
- **Side Effects:** Potential side effects to monitor include [List common side effects or write "None anticipated"].
- **Emergency Protocol:** In the event of [Specific Symptom], please contact my office or follow the camp's emergency medical procedures.

Attestation:
The patient has been stable on this medication regimen for [Number] months. I do not anticipate any adverse behavioral changes due to this protocol during the camp session. The patient is capable of self-advocating for their medical needs under adult supervision.

If you require further clarification regarding this protocol, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Medical License Number]
[Practice/Clinic Name]