

**CAMP TWITCH AND SHOUT 2017
(New campers only)**

**CONFIRMATION OF DIAGNOSIS OF
TOURETTE SYNDROME
To be completed by child's physician**

I confirm that

Name	DOB
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has a confirmed diagnosis of Tourette Syndrome, and is able to attend Camp Twitch and Shout during the summer of 2017.

Please list any additional diagnoses:

Physician's signature	Date
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Physician's address	Physician's phone number
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This form is required to be submitted to Camp Twitch and Shout only one time. Returning campers have already submitted this form. All new campers are required to have this form completed and submitted in order to be considered to participate in Camp Twitch and Shout 2016. Please have signed and uploaded to your online account, FAX, or mail.

Camp Twitch and Shout
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