



## Montgomery Township Community & Recreation Center

1030 Horsham Road, Montgomeryville, PA 18936

267-649-7200 [www.montcrc.com](http://www.montcrc.com)

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### Kids University Certification of Medical Fitness and Vaccination Status

Montgomery Township is committed to providing a healthy, safe, and affordable recreational experience to residents and their guests. Due to resident concerns and to safeguard program participants, Montgomery Township must request confirmation from all program participants that they are medically fit to participate and that they meet minimum public health vaccination standards.

Please have the participant's physician complete the information below. Current (within one year) medical/vaccination certification forms obtained for school or daycare purposes will also be accepted in place of this form.

#### TO BE COMPLETED BY PARENT:

Name of Participant (Print): \_\_\_\_\_ will be taking part in a  
Kids University summer camp program to include the following physical activities:

(Provide examples of activities or attach a program description):  
\_\_\_\_\_  
\_\_\_\_\_

#### TO BE COMPLETED BY PHYSICIAN:

By affixing my signature below, I certify that based on my examination of the participant

##### Check all that apply:

He/she is physically able to participate in the activity without requiring accommodation

He/she is physically able to participate in the activity but requires the following accommodations:  
(please specify): \_\_\_\_\_

He/she is up-to-date with vaccinations required under Title 28 Pa. Code§ 23.82 (School  
Vaccinations) and/or Title 28 Pa. Code §27.77 (Childcare Vaccinations).

Ref.: <http://www.pacode.com/secure/data/028/chaoter23/subchapCtoc.html>

<https://www.pacodeandbulletin.gov/secure/pacode/data/028/chapter27/s27.77.html>

He/she is medically exempt from vaccinations as per Title 28 Pa. Code§ 23.84 (a)

Parents/guardians are claiming exemption from vaccination on religious grounds per Title 28 Pa. Code  
§ 23.84 (b)

#### Certification

Physician Name (Print): \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Name and Address of Practice: \_\_\_\_\_

**\*"FORM MUST BE RECEIVED NO LATER THAN JUNE 1, 2026, CHILD MAY NOT ATTEND  
CAMP UNTIL THIS FORM HAS BEEN RETURNED TO THE RECREATION OFFICE,"**