

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
Children's & Adult Foster Care Camps

SELF-CERTIFICATION STATEMENT
Regarding a Camp's
Health Service Policy

I, _____, _____ hereby certify
(Print Name) (Title)

license # _____ in good faith to the fact that:

- The Camp Health Service Policy was established in consultation with a licensed physician.

AND

- The Camp Health Service Policy has been reviewed annually by a licensed physician.

AND

- Written or verbal confirmation has been given from a licensed physician that the current Health Service Policy meets the needs of the camp population served.

For licensees, license designee, chief administrator, program director, or person directly responsible for compliance demonstration to R 400.11119 (2).

I certify that the information provided on this form is, to the best of my knowledge, true and accurate.

Signature: _____

Date: _____