



Camp Ronald McDonald for Good Times®
CAMPER MEDICAL EXAMINATION & INFORMATION FORM

Completed/signed form can be faxed /mailed to:
1954 Cotner Ave., Los Angeles, CA 90025
Tel: (310) 268-8488 • Toll Free: (800) 625-7295
FAX: (310) 473-3338
Website: www.campronaldmcdonald.org

Camper Name _____ **Camp Session Dates** _____

Dear Health Care Professional,

Thank you for your cooperation in supplying pertinent information about this child who is an applicant for attendance at Camp Ronald McDonald for Good Times. During camp sessions, a Hematology-Oncology Physician and/or Pediatrician and Registered Nurses will be on full-time duty in the Camp's "Med Shed" Health Care Center. All information is confidential and solely for the guidance of the Camp's staff.

For **Oncology Patient Campers:**

1. Please complete Sections A, B & C of the form.
2. Please provide most recent blood count results, preferably within 4 weeks of the child's camp attendance.

For **non-Oncology Campers:**

1. Please complete Sections A & C of the form.
2. Please provide Physician contact information with signature.

This form can be returned to the parent or **mailed/fax** to the address indicated above.

Section A: To be completed FOR ALL CAMPERS - PATIENTS AND SIBLINGS

Describe any pertinent findings from examination that requires monitoring at Camp: _____

Describe, if applicable:

- Convulsions/Seizures (type & frequency) _____
- Allergies (list foods, medications, etc.) _____
- Asthma _____
- Hearing difficulties _____
- Vision Difficulties _____
- Cardiac Problems _____

Section B. To be completed for ONCOLOGY PATIENT campers. DIAGNOSIS MUST BE GIVEN FOR CHILD TO BE ELIGIBLE FOR CAMP.

Medical Diagnosis (and site, if applicable): _____

Date of diagnosis _____ Date therapy discontinued _____

Last course of Chemotherapy (if therapy given within 6 months of Camp): Dates _____

Drugs given _____

Most recent blood count: NOTE: If counts are likely to change at time of session, please provide update results.

Date _____ H/H _____

WBC _____ Segs _____ Bands _____ Lymphs _____ Monos _____

Platelets _____ Any recent transfusions? _____ Type _____ Date _____

Other Significant Laboratory Abnormalities _____

Describe any procedures or tests that are required while child is at Camp _____

Section C: To be completed FOR ALL CAMPERS - PATIENTS AND SIBLINGS

Medical Statement: I have examined _____ who is physically able to engage in Camp activities, except for physical limitations and restrictions listed above.

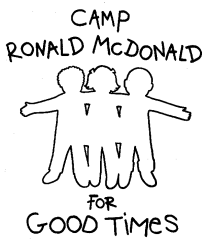
Physician's or Nurse Practitioner's Signature _____

Print Name _____ Date _____

Address _____

Phone Numbers - Office : (_____) _____ Ext: _____ Off Hours On Call: (_____) _____ Ext: _____

Hospital Affiliation _____



Dear Parent,

We are very excited that your child will be coming to camp.

Make an appointment for your child to see their doctor to complete the reverse "*Camp Medical Examination & Information Form*." It would be **BEST** to make the appointment one month before your child's camp session.

For the health and safety of all campers, Camp policy requires that:

All **oncology patient campers** provide the completed "*Camp Medical Examination & Information Form*" (sections A, B & C) found on the reverse side of this page. The form must be signed by a doctor or nurse practitioner prior to attending each camp session. For campers currently on therapy, the form asks for recent blood count results within 4 weeks of the camp session attending.

All **sibling campers** provide the completed "*Camp Medical Examination & Information Form*" (sections A & C) signed by a doctor or nurse practitioner within the last 24 months of the camp session attending.

Estimado Padre / Madre,

Estamos muy emocionados que su niño(a) vendrá al campamento.

Haga una cita para que su niño(a) vea a su doctor para que complete la *forma "Camp Medical Examination & Information Form"*. Lo **MEJOR** sería hacer una cita con su medico por lo menos un mes antes de la sesión de campamento al que el niño(a) va asistir.

Por la seguridad y salud de todos los campistas, los reglamentos del campamento requieren que:

Todo **campista paciente de oncología** proporcione/entregue la forma completada de "*Camp Medical Examination & Information Form*" (secciones A, B & C) que se encuentra al reverso de esta página. La forma debe ser firmada por un doctor o enfermera especializada, antes de asistir a cada sesión de campamento. Para campistas actualmente en terapia, en la forma pedimos el resultado mas reciente de sangre en las últimas 4 semanas anteriores a la sesión de campamento que asistirá.

Todos los **hermanos(as) campistas** proporcionen/entreguen la forma completada "*Camp Medical Examination & Information Form*" (sección A & C) firmada por un doctor o enfermera especializada, en los últimos 24 meses anteriores a la sesión de campamento que asistirán.

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