

**Dear Parent,**

We are very excited that your child will be attending Camp.

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

**Oncology Patient Campers currently on Therapy or less than 1 Year off Therapy:** Provide the completed “*Camper Medical Examination & Information Form*” (sections A, B & C) found on the reverse side of this document. The form must be signed by the Camper’s ONCOLOGIST prior to attending each Camp session. For campers currently on therapy, Camp asks for recent blood count results within 4 weeks prior to attending Camp.

**Oncology Patient Campers off Therapy more than 1 Year:** Camp asks for a completed “*Camper Medical Examination & Information Form*” Sections A, B & C of the form. (Section B: All information except blood count) within 12 months of the Camp session your child is attending. The form must be signed by a doctor or nurse practitioner.

**Sibling Campers:** Provide the completed “*Camper Medical Examination & Information Form*” (sections A & C) signed by a doctor or nurse practitioner.

**All Campers:**

The COVID Vaccination is **NO LONGER** required for **Campers, Volunteers, or Staff** but is still strongly recommended.

We recommend that campers, limit their public and large group activity for the 72 hours prior to their camp session. COVID infection symptoms (may occur 2-14 days after exposure) include: fever, chills, headache, sore throat, loss of taste or smell, congestion or runny nose, cough, shortness of breath, difficulty breathing, fatigue, muscle/body aches, nausea, vomiting, diarrhea.

We are doing everything on our part to reduce your exposure and we need your help to do so. Thank you in advance for your cooperation.

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**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 llene la forma “*Camper Medical Examination & Information Form.*” Lo **MEJOR** sería hacer una cita con su doctor por lo menos un mes antes de la sesión de Campamento al que el niño(a) va a asistir.

Por la seguridad y salud de todos los Campistas, los reglamentos del Campamento requieren que:

**Pacientes de Oncología actualmente en Terapia:** Entregue el “*Camper Medical Examination & Information Form*” (secciones A, B & C) que se encuentra al reverso de este documento. La forma deberá ser firmada por un doctor o un(a) enfermero(a) antes de participar en una sesión de Campamento. Para Campistas actualmente en terapia el Campamento pide la biometría hemática más reciente dentro de las últimas 4 semanas antes de ir al Campamento.

**Pacientes de Oncología no en Terapia:** Campamento requiere el “*Camper Medical Examination & Information Form*” (secciones A, B & C de la forma. Sección B: Toda la información de los últimos 12 meses es necesaria excepto la biometría hemática) La forma deberá ser firmada por un doctor o un(a) enfermero(a).

Todos los **Hermanos(as) Campistas** proporcionen/entreguen la forma completada “*Camper Medical Examination & Information Form*” (secciones A & C) firmada por un doctor o enfermera especializada, en los últimos 24 meses anteriores a la sesión de Campamento que asistirán.

**Todos los Campistas:**

La vacuna **COVID YA NO** es obligatoria para los **campistas, voluntarios o el personal**, pero sigue siendo muy recomendable.

Recomendamos que los campistas limiten su actividad pública y de grupos grandes durante las 72 horas previas a su sesión de campamento. Los síntomas de infección por COVID (pueden ocurrir de 2 a 14 días después de la exposición) incluyen: fiebre, escalofríos, dolor de cabeza, dolor de garganta, pérdida del gusto o del olfato, congestión o secreción nasal, tos, falta de aliento, dificultad para respirar, fatiga, dolores musculares o corporales, náuseas, vómitos, diarrea.

Estamos haciendo todo lo posible para reducir su exposición y necesitamos su ayuda para hacerlo. Gracias por su cooperación.

**Camp Ronald McDonald for Good Times®**

1250 Lyman Place, Los Angeles, CA 90029

Telephone/Telefóno: (323) 644-3001

Fax: (310) 473-3338 • Email: [wquijano@rmhsc.org](mailto:wquijano@rmhsc.org)  
Website: [www.rmhsc.org/camp](http://www.rmhsc.org/camp)



# Camp Ronald McDonald for Good Times®

## CAMPER MEDICAL EXAMINATION & INFORMATION FORM

Completed signed form can be faxed or emailed to:  
1250 Lyman Place, Los Angeles, CA 90029  
Tel: (323) 644-3001 • Fax: (310) 473-3338  
wquijano@rmhsc.org • www.rmhsc.org/camp

Camper Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Camp Session Dates \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_

### 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 on Therapy:

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.
3. Please provide Physician contact information with signature.

#### For Oncology Patient Campers off Therapy:

1. Please complete Sections A, B & C of the form. (Section B: All information except blood count)
2. Please provide Physician/Nurse Practitioner contact information with signature.

#### For Sibling 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 **faxed/mailed/emailed** 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, and any physical limitations and restrictions: \_\_\_\_\_

#### Describe, if applicable:

Seasonal Flu vaccination (annual) \_\_\_\_\_ Chicken Pox (or immunization) \_\_\_\_\_

Allergies (list foods, medications, insect stings) \_\_\_\_\_

Asthma \_\_\_\_\_ Convulsions/Seizures (type & frequency) \_\_\_\_\_

Diabetes \_\_\_\_\_ Hearing/Vision Difficulties: \_\_\_\_\_

Neurological Deficit/Muscular Problems: \_\_\_\_\_ Cardiac Problems \_\_\_\_\_

### Section B: To be completed for ONCOLOGY PATIENT camper. 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 updated results.

Date \_\_\_\_\_ H/H \_\_\_\_\_

WBC \_\_\_\_\_ Segs \_\_\_\_\_ Bands \_\_\_\_\_ Lymphs \_\_\_\_\_ Monos \_\_\_\_\_

Platelets \_\_\_\_\_ Any recent transfusions? \_\_\_\_\_ Type \_\_\_\_\_ Date \_\_\_\_\_

Other Significant Laboratory Abnormalities \_\_\_\_\_

### Section C: To be completed BY DOCTOR 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: (\_\_\_\_) \_\_\_\_\_ Off Hours On Call (\_\_\_\_) \_\_\_\_\_

**Hospital Affiliation** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_