

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: 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 a doctor or nurse practitioner 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: 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. **Must be turned in no later than 7 days prior to the session.*

Sibling Campers: Provide the completed “*Camper Medical Examination & Information Form*” (sections A & C) signed by a doctor or nurse practitioner within the last 24 months of the Camp session your child is attending. **Must be turned in no later than 7 days prior to the session.*

All Campers: As the Flu is becoming more widespread, and can present a life-threatening risk to our Campers, Camp Ronald McDonald for Good Times is committed to reducing your exposure to this illness. *It is for this reason that we kindly ask Campers to refrain attending a Camp session if any member of your family is experiencing any cold or Flu-like symptoms or have been in contact with anyone in the last seven days that has experienced these symptoms.*

Seasonal Flu symptoms include a fever with one or more of the following; sore throat, cough, runny nose, generalized muscle aches, headache, nausea, vomiting and/or diarrhea.

If you have not already done so, we recommend that you consult your child’s physician and/or pediatric oncologist about receiving the Flu vaccination.

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.

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.

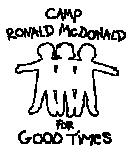
Todos los Campistas: Como la Gripe se hace más extendida, y presenta un riesgo que amenaza vida a nuestros Campistas, Camp Ronald McDonald for Good Times es cometido a reducir su exposición a esta enfermedad. Es por esta razón que amablemente le pedimos abstenerse asistiendo una sesión de Campamento si algún miembro de su familia experimenta síntoma de gripe o ha estado en el contacto con alguien en los siete días anteriores que ha experimentado estos síntomas.

Síntomas de gripe estacionales: fiebre con uno o varios de los siguientes; el dolor de garganta, la tos, goteo nasal, generalizó dolores de músculo, dolor de cabeza, náusea, vomitando y/o diarrea.

Si usted no lo ha hecho, recomendamos que usted consulte al doctor de su niño(a) y/o su doctor de oncología sobre la recepción de la vacunación.

Hacemos todo de nuestra parte para reducir su exposición y necesitamos su ayuda. Gracias de antemano por su cooperación

Camp Ronald McDonald for Good Times®
1250 Lyman Place, Los Angeles, CA 90029
Telephone/Telefóno: (310) 268-8488 • Toll Free/Gratis: (800) 625-7295
Fax: (310) 473-3338
Website: www.campronaldmcdonald.org



Camp Ronald McDonald for Good Times®

CAMPER MEDICAL EXAMINATION & INFORMATION FORM

Completed signed form can be faxed/mailed to:
1250 Lyman Place, Los Angeles, CA 90029
Tel: (310) 268-8488 • Toll Free: (800) 625-7295
Fax: (310) 473-3338
Website: www.campronaldmcdonald.org

Camper Name _____

Camp Session Dates _____

Date of Birth _____

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** 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) _____
 Convulsions/Seizures (type & frequency) _____
 Allergies (list foods, medications, insect stings, etc) _____
 Asthma _____
 Diabetes _____
 Chicken Pox (or immunization) _____
 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:** _____