## Camp Sunshine 2018 Camper Physical Health Form

Camp Sunshine. 1850 Clairmont Road. Decatur, GA 30033 Phone. 404.325.7979 Fax. 404.325.7929 www.mycampsunshine.com

PAGE 1: PLEASE NOTE: Page 1 is to be completed by the camper's legal guardian and Page 2 is to be completed and signed by the camper's physician/PNP. If the camper is currently on therapy, this must be completed by a member of his/her oncology team. If off therapy, this form can be completed by a pediatrician or family doctor. YOUR APPLICATION IS CONSIDERED INCOMPLETE UNTIL THIS PAGE IS RECEIVED.

Camper Name		Birth Date	Age at Camp	
first	middle	last		
Diagnosis		Date of	riagnosis/	
☐ On Therapy ☐ Off Therapy	– date of final treatment			
** I give permission for the car	plies for central line care and f nper to swim in the pool with t	lushing as well as daily dressing he understanding that an occlus D/PNP signature	sive dressing must be worn over	
	pharmacy container with writt	ed during the camp week. <u>Camp</u> en instructions. It is expected the	er's medication should be sent to nat each family will supply in	
☐ Camper takes no medication	on a routine basis			
☐ Camper needs pre-medication * Please list pre-medication(s)		ducts. *   products:		
Camper takes the following me Use additional sheets as necess *Please photocopy front and be	ary to describe the care needed	for your child. Id immunization form and attac	ch to this form.	

Medication to be taken	Dosage	Taken at These Times			Purpose
		AM	Noon	PM	

## PAGE 2: PHYSICIAN'S RECCOMENDATIONS & RESTRICTIONS

I examined camper's full name		on		
		DOB date of most recent examination		
Weight(kg)	Height(cm)	BP		
Allergies:				
Last blood count: Date	Hgb Hct _	WBC _	Platelets	
Differential or ANC	Varicella Titer		<del></del>	
Date of last Tetanus shot (require	<mark>d</mark> )	Colonization of VRE:	(circle one) yes no	
Current physical and medica	l condition:			
Current chemotherapy. Plea	se include a copy of current ch	emotherapy roadma	o or regimen.	
			hemotherapy, TPN, antibiotics or other	
<u>infusions)</u> . It is necessary for the	camper's parent & healthcare team t	to arrange the transport of	t these medications to camp.	
Any medically-prescribed me	eal plan or dietary restrictions:			
D	4			
Description of any limitation	, concern or restriction on cam	p activities:		
			concerning health matters and	
	ny opinion, this child is able	to participate in Car	np Sunshine's Summer Camp	
and Year Round Programs.				
Signature of Phys	sician/Practitioner			
Print Name		Date _		
$Phone \cdot$				
FOR CAMP SUNSHINE MEDICA	AL STAFF SCREENING USE ONLY			
		1		
FORM REVIEWED BY:		MEDICATIO	ONS RECEIVED:	
DATE:				
UPDATES TO HEALTH HISTORY	NOTED: YES NO NO	ONE		