



2012 Camper Medical Form

Camp Quality Canada is a volunteer, non-profit, charitable organization that strives to improve the quality of life for children living with cancer through camps, educational and leadership programs, and year-round family support.

Charitable Reg. No. BN 13342 3962-RR0001

www.campquality.com

MESSAGE TO PARENTS/GUARDIANS AND ONCOLOGIST/PHYSICIAN:

Children (siblings included) will not be permitted to attend Camp 2012 unless current medical information is provided to Camp Quality Canada. Current medical information is of paramount importance in ensuring the safety and well-being of the campers during their time at camp.

This form must be completed and signed by your child's oncology physician (or family physician if applicable) and returned to Camp Quality Canada.

Mail to: Camp Quality Canada 1444 Queen Street East, Suite 206 Toronto ON M4L 1E1	or	Fax to: 416-406-2260	or	Scan & email to: info@campquality.com
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Please note that campers must bring all PRESCRIPTION medications to Camp 2012, in the original labelled container outlining the camper's name, drug, prescribed dosage and times to be taken each day. Campers must not bring non-prescription drugs (i.e. Aspirin) to Camp 2012.

If your child has been exposed to any viruses prior to going to Camp 2012 (e.g. measles, chicken pox, shingles), you must discuss this exposure with your child's physician to determine whether your child should attend Camp. The physician will be asked to note recent exposure to infections, blood count changes and other issues at section B of this form and to provide an update report just prior to Camp 2012, if appropriate.

Failure to provide Camp Quality Canada with this completed document will disqualify the camper from attending camp 2012.

REGARDING THE COMPLETION OF THE MEDICAL FORM:

In an effort to be considerate of both you and the Doctors' time, please note the following when completing **Camp Quality Canada, Camper Medical Form**:

- If your child is **in active treatment**, section B of this form must be completed by your child's oncologist. As you and your child will be seeing the oncologist regularly the form can be signed at that time.
- If your child is **not in active treatment** and therefore is not seeing the oncologist frequently (i.e. more than once a year), then section B of this form can be completed by your child's family doctor.

<p>If you have any questions or incur any charges related to the completion of this or other forms please contact Michelle Lawrie, Executive Director, Camp Quality Canada at 1-866-738-8011 or email info@campquality.com.</p>
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To be completed by Oncologist/Physician:

A.

Name of Child _____ Gender ____ Age ____ Birth Date _____
(Surname) (First Name) (dd) (mm) (yr)

Address _____
(No.) (Street Name) (Apt. No.) (City) (Prov.) (Postal Code)

***HEALTH CARD NO.** _____ **Height** _____ **Weight** _____

Parent(s)/Guardian(s) Name(s): _____ Phone: () _____

Family Physician's Name: _____ Phone: () _____

Oncologist's Name: _____ Phone: () _____

Name of Hospital: _____ Phone: () _____

To be completed by Oncologist/Physician:

B.

Primary Diagnosis: _____ Date of onset: _____

Secondary Diagnosis if Applicable: _____

Surgical Interventions and Dates:

Allergies: (Drugs, Insect Bites, Foods, etc.)

Off All Treatment Yes No Since: _____
(mm) (dd) (yr)

CURRENT TREATMENT:

1. (a) Chemotherapy

Drug	Dosage	Times taken
_____	_____	_____
_____	_____	_____

Chemotherapy to be given at camp? Yes No

Date of most recent chemotherapy session: _____
(mm) (dd) (yr)

Side Effects to watch for:

(b) Other Medications

Drug	Dosage	Times taken
_____	_____	_____

2. Other Treatments: (*Dressings, catheters, prosthesis: Procedures/solutions preferred*)

Central Line? _____ Hickman? _____ Portacath? _____

Radiation? _____ Routine outpatient treatment? _____

Flush routine during week of camp: _____

Will the child bring his/her own treatment materials? Yes No

3. Does the child have any behavioural/emotional issues? *Please comment.* Yes No

4. Can the child participate in swimming? Yes No

5. Special Needs/Precautions/Limitations: *List any restrictions in physical activities, diet, recent exposure to infections, blood count changes and other issues. Attach additional comments if necessary.*

ADDITIONAL COMMENTS:

DOCTOR'S ACKNOWLEDGMENT:

Subject to the above precautions and limitations, there are no contraindications to his/her attendance at Camp Quality Canada.

Signature: _____ Date: _____

Please Print: Name: _____
Address: _____
Phone: _____

OTHER COMMENTS: (*attending physician/camp health care professional*)

Please use back of sheet or attach additional page if necessary.
