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 and COVID infections are becoming more widespread, and can present a life-threatening risk to our Campers, Camp RMFGT is committed to reducing your exposure to these illnesses. It is for this reason that we kindly ask Campers to refrain from attending a Camp session if any member of your family/household is experiencing any cold, COVID or Flu-like symptoms or have been in contact with anyone in the last 14 days that has experienced these symptoms or have tested positive for the COVID infection.*

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.

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 Oncologia 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 Oncologia no en Terapia: Campamento requiere el *"Camper Medical Examination & Information Form"* (secciones A, B & C de la forma. Seccion B: Toda la información de los ultimos 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: A medida que la gripe y las infecciones por COVID se están generalizando y pueden presentar un riesgo de vida para nuestros campistas, Camp RMFGT se compromete a reducir su exposición a estas enfermedades. Es por esta razón que le pedimos amablemente a los campistas que se abstengan de asistir a una sesión de campamento si algún miembro de su familia / hogar experimenta algún síntoma de resfriado común, COVID o gripe o ha estado en contacto con alguien en los últimos 14 días experimentó estos síntomas o resultó positivo para la infección por COVID.

Los síntomas de la 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 olfato o del gusto, congestión o secreción nasal, tos, falta de respiración, dificultad para respirar, fatiga, dolores musculares o de cuerpo, náusea, vómito, diarrea.

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 • Email: jjoya@rmhcsc.org
Website: www.campronaldmcdonald.org

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: (310) 268-8488 • Fax: (310) 473-3338
jjoya@rmhcsc.org • www.rmhcsc.org/camp

Camper Name _____ **Camp Session Dates**_____ **Phone Number (___)_____**

Date of Birth_____

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:

COVID vaccine: date of 1st dose _____, 2nd dose _____, type of vaccine _____ (Pfizer, Moderna, or Johnson & Johnson)
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:** _____