

**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.

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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.

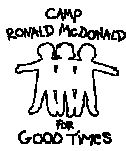
**Todos los Campistas:** Como la Gripe se hace más extendida, y presenta un riesgo que amenaza vida a nuestros Campistas, Camp Ronald McDonald for Good Times es cometido a reducir su exposición a esta enfermedad. Es por esta razón que amablemente le pedimos abstenerse asistiendo una sesión de Campamento 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](http://www.campronaldmcdonald.org)



Camp Ronald McDonald for Good Times®
CAMPER MEDICAL EXAMINATION & INFORMATION FORM

Completed signed form can be faxed/mailed to:
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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: \_\_\_\_\_