

You will need to have all medications ready for the retreat, labeled in the appropriate bottles, with your name. / Debe tener todos los medicamentos listos para el viaje con sus etiquetas, envases apropiados, y con su nombre.

**MEDICAL PROVIDER RELEASE FOR A TEEN RETREAT**

**(This section is to be filled out by the doctor. / Esta sección deberá ser llenada por el médico.)**

Your patient (listed below) would like to attend a three-day retreat at Apple Canyon Center Campsite in the San Jacinto Mountains, CA, Friday, September 30 – Sunday, October 2, 2016. The altitude for this location is 4,200 feet. This retreat is sponsored and organized by the HOPE Teen and Family Support Services at Children’s Hospital Los Angeles for adolescents on and off treatment for cancer or a blood disease. Attendees will share cabins with other adolescents and will have the option of participating in various recreational activities, including hiking and archery. Additional activities will include crafts and dancing.

One physician and at least two nurses from the Children’s Center for Cancer and Blood Diseases at Children’s Hospital Los Angeles will be present during the trip to provide medical assistance if needed.

By filling out and signing this release you indicate that there is no medical reason why the patient listed below cannot participate in the retreat. You are not in any way assuming liability or medical responsibility for this patient during the trip by signing this release.

**MEDICAL PROVIDER’S RELEASE:**

I, Dr./NP \_\_\_\_\_ see  
no medical reason why my patient: \_\_\_\_\_  
Print Name

\_\_\_\_\_, DOB \_\_\_\_\_,  
Patient’s First and Last Name

cannot attend the 2016 HOPE Teen and Family Support Services three-day retreat at Apple Canyon Center, San Jacinto Mountains, Friday, September 30 – Sunday, October 2, 2016.

*Please list any **physical limitations** or **special concerns**, especially as they relate to outdoor recreational activities:*

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Physician/NP Signature

Date