



Camper's Age _____

MD health form (to be completed by physician for each camper)

Name of camper:

_____ wishes to attend Camp Sunshine dreams, a weeklong summer camp for children with cancer and their siblings.

The camp will be held at Huntington Lake from (dates). Medical staff (MD and RN) will be on site for the entire week. Please complete the form below so that my child may attend camp.

Signature of parent/guardian: _____

Date: _____

PHYSICIAN'S REPORT: SECTION 1 – for all campers

Age: _____ Date of Birth: _____ Sex: _____ Weight: _____

Date of physical exam: _____

Any medical problems (asthma, diabetes, ADD/ADHD, seizures, etc.)? _____

Physical conditions requiring special attention at camp: _____

Should any activities be restricted? _____

Allergies (food, drugs, etc.): _____

Dietary restrictions? _____

Immunizations: Up To Date: Yes / No (explain): _____

Last tetanus date: _____ Has patient had chickenpox? Yes / No

Any indwelling catheters or devices? _____ If yes, please describe and list care protocol:

Any special medical equipment? _____

(complete both sides of form)

Current medications, dose, frequency (add extra pages if needed):

SECTION 2 – for campers with cancer diagnosis

Diagnosis: _____ Date of Diagnosis: _____

Currently receiving treatment (describe): _____

Most recent CBC (patients currently receiving treatment only):

Date: _____ WBC: _____ Hgb: _____ Plt: _____ ANC: _____

Comments/suggestions: _____

Treatment completed (date completed): _____

MD Signature: _____

Date: _____

Print MD name: _____

Phone: _____

Hospital Name/Phone Number: _____

Please return completed form to parent or mail to:

Camp Sunshine Dreams Registration

or

Camp Sunshine Dreams

Valley Children's Hospital

PO Box 28232

Oncology Clinic – FC13

Fresno, Ca

9300 Valley Children's Place

93729-8232

Madera, CA 93636