

Respiratory Clearance
To be completed by a Pulmonary Specialist Professional Only

Dear Medical Provider,

Your patient (listed below) has applied to attend camp at The Painted Turtle and has indicated the need for one or more of the following: BiPAP, CPAP, tracheostomy, oxygen and /or monitoring.

In order to properly provide care for this person while at camp we need an order for the items listed below.

Please note: The camp location is at an altitude of 3240 ft. above sea level.

Please return all completed forms to:

Email: admissions@thepaintedturtle.org or **Fax:** 661-724-1566

If there are any questions about this form or camper, please feel free to contact our Medical Team at (661) 724-1768.

Camper Name		Date of Birth	
Parent Name and Phone #:		Primary Diagnosis:	

1. Amount of oxygen needed, when and how it is administered:

2. Settings for BiPAP, CPAP or Ventilator:

3. If and when pulse ox monitoring is necessary:

4. What are camper's risks if equipment is dislodged overnight?

5. Any additional information regarding the patients pulmonary needs?

Specialist/Medical Provider's Statement:

Signature		Print Name		Date	
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If completed by a nurse: As the nurse working with MD DO NP PA

I have reviewed the camper's medical information and camp application with the child's physician/NP/PA. He/she has given approval of all the information and recommendations reported on these camp medical forms and has given me permission to sign this form on his/her behalf.

Clinic Name		Speciality		Phone Number	
Fax Number		Emergency/On Call Phone		E-mail	