

Camper Medical Provider Form -Médico de campista Proveedor Forma
To be completed by a Medical Professional Only

Dear Medical Provider,

Your patient (listed below) has applied to attend camp at The Painted Turtle. In order to consider their application we need **ALL** of the following information completed:

1. **Camper Medical Provider Form (page 1)**
2. **A copy of the child's most recent progress notes or hospital discharge note**
3. **Physicians Clearance for Activities (page 2)-** for campers with a cardiac condition, please have the cardiologist give diagnosis and clearance for activities
4. **Respiratory Clearance-** for campers who have need for oxygen, BiPAP or CPAP, and/or tracheostomy, please obtain clearance from pulmonary specialist

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 #:

Diagnosis:

Significant past medical history/other medical conditions:

Yes No Is the child developmentally appropriate for their age? If no, at what (approximate) age does child function?

List any communication problems, pertinent psychosocial information, or behavioral problems that would affect the child's participation in a group:

Infection Control-These questions MUST be answered:

Yes No **Live vaccines deferred?** If yes, explain why:

Yes No **To the best of your knowledge, has this child ever tested positive for** MRSA VRE

If yes, date cleared

We cannot accept these campers unless infection has been cleared.

Yes No Has the child had recurrent outbreaks of shingles? If yes, please indicate frequency in the past 12 months

Yes No Special Infection Control Precaution : If yes, please explain

Devices

Tracheostomy CPAP/BiPAP Apnea/O₂ Monitor Ventilator Oxygen (If yes, please complete pulmonary clearance.)

PD Catheter HD Catheter (If yes, please complete Supplemental Dialysis Form.)

Central venous line/Port-a-cath (If yes, please complete CV Catheter Form.)

Type

Location

Bile Tube G-tube GJ-tube J-Pouch Ostomy Insulin Pump Baclofen Pump

Hearing Aids PE Tubes Glasses/Contacts Spinal Rods VNS VP Shunt Other

AFO Other Mobility Device(s)

Bladder/Bowel Treatment Program:

Needs urinary catheterization Cath Size: Every (hrs): Site of catheterization Mitrofanoff Urethra

Malone/ ACE ACE Irrigation # of times a day: Volume (in cc) Normal Saline Other

Enema Suppository Medication Any Additional Instructions:

Dietary

Yes No Food Restrictions/Special Diet: If yes, please explain:

PHYSICIAN CLEARANCE FOR ACTIVITIES

Dear Health Care Provider:

Your patient , DOB has applied to The Painted Turtle camp and is interested in participating in activities which may be contraindicated by the child's medical condition. In order to safely provide these activities, The Painted Turtle requests that you review the following evaluation of medical precautions and contraindications and indicate if your patient has any of the contraindications. All activities are supervised by Painted Turtle staff. Each camper is also evaluated by a trained activity professional for fitness to participate.

Horses

- All campers wear helmets
- Horses are led by an equestrian specialist and have at least one side walker at all times

Contraindications to our horse program may include: (check any that apply)

- Spinal Stenosis Atlantoaxial Instability Cervical Spine Instability
 Hip Joint Subluxation or Dislocation Weight over 180 pounds

Precautions to the horse program (child may be able to participate based on frequency and type of seizures):

Seizure Type: Frequency: Date of last seizure:

Additional comments or concerns:

Ropes and Climbing Wall

- All campers wear helmets and waist harness
- Chest harnesses are used for all campers on ropes course
- Ropes course is accessible for campers who use wheelchairs and/or walkers

Contraindications to ropes and climbing wall program : (check all that apply)

- Symptomatic Spinal Stenosis Atlantoaxial Instability Chiari Type II

Additional comments or concerns:

Swimming and Boating

- Lifeguard supervision in the pool and lake area at all time
- Chlorinated, heated pool
- No swimming in the lake
- Adult buddies with campers in the water at all times

Contraindications to swimming and/or boating program include: (check all that apply)

- Stool Incontinence (for swimming only) Hemodialysis Catheter Tracheostomy (boating only)

Precautions for swimming and/or boating include: (all dressings are checked for intactness before activity and all dressings are changed immediately after swimming by medical staff)

- Central line or HD catheter
- PD catheter
- Ostomies- ok for pool with belt/covering
- PE tubes- ear plugs required for swimming
- Tracheostomy- campers stay in shallow end with adult supervision within arm's length at all times while in the pool; suction is available at pool

Additional comments or concerns:

I have read the contraindications and precautions and my patient has the following medical conditions:

Physician's Signature: Date: Phone # for questions: