MEDICAL ACKNOWLEDGEMENT

Campers must have the information on this form completed and signed by a practicing licensed physician or Nurse Practitioner.

If your transplant was **LESS than 1 (one) year ago**, please have this form completed by your transplant specialist. Otherwise, please ask your transplant/medical team whether they want to complete this form or whether your family doctor should complete this form.

Note to Physician/Nurse Practitioner completing form: The person being evaluated will be attending one week of camp. The experience may include sleeping on the ground and participating in activities such as hiking, canoeing and large group games. Please review the health history with the participant for any interim changes. Any questions regarding this child's suitability for camp please contact Christina Belza (Camp Medical Director) at campkivita@gmail.com or 416-909-2863.

NAME OF CAMPER: _

Date of Birth (D/M/Y):_____ Date of Exam:_____

Primary Diagnosis: _____

Secondary Diagnosis:_____

Drug Allergies: _____

Other Allergies:

Please List Any Current Problem(s):

Please List ANY Surgeries Including the Date and Procedure:

Physical Exam: Please list any pertinent findings or attach a recent clinic note

Age: Weight: Height:

BP: / Pulse:

Vision: Normal Glasses Contacts

Hearing: Normal Abnormal Explain:_

Additional findings:

_____

_____

_____

Medications:

(Note: We realize that medications and schedules may change before the summer; a "late changes" form will be included in the camper's final approval packet which will be brought to camp with the camper. All campers are responsible for bringing their own medications and supplies).

Please use this list as a guide or attach a list to this package

Medication	Dose	Frequency/Administration time

Regarding this child's social development, would s/he communicate and interact with peers and others in an age appropriate manner? Yes _____ No ____

If no, please explain:

Are there any behavioural or mental health concerns that would affect this child's participation at camp?

Below are the activities campers will have the opportunity to participate in. Please check off any activities that **WOULD NOT** be safe for this child.

- ☐ Sailing
- ☐ Canoe/Kayaking
- ☐ Arts and Crafts
- ☐ Camp Fires
- ☐ Outdoor Cooking
- ☐ High Energy Games
- ☐ Tennis
- ☐ Running/Walking
- ☐ Swimming
- ☐ Archery
- ☐ Outdoor Games/High ropes course
- ☐ Sharing Room and Washroom

Does this camper require additional resources to ambulate or complete camp activities around camp (ratio of camper to counsellor is usually 6:1) (ie. Uses walker, developmental delay)?

YES ____ NO___

This camper needs to have an updated medical review 4 weeks prior to camp:

YES____ NO___

I_____have examined

_____ and find him/her able to attend camp.

Signature of Physician/NP _____

Printed Name _____

Date: _____

Address: _____

Phone: _____

Please return form to Camper or send directly to Camp:
Email: campkivita@gmail.com