**Camper Medical Sign-Off 2019**
(Patients On-Treatment Only)

RETURN THIS FORM

Must be completed and signed by a physician or nurse practitioner who has examined your child within the last 12 months.

*Please complete and return to:*
Fax to Camp Goodtimes/The Goodtimes Project at 206.877.4437, or email a PDF to camp@thegoodtimesproject.org.

Questions: 206.940.0062

Parent to complete this box.

Camp session applying for:

- ☐ June Session= June 23–29, 2019
- ☐ July Session= July 14–20, 2019
- ☐ Mini Camp= July 17, 2019

*PLEASE PRINT OR TYPE*

I have examined: _____
*(Patient's name)*

In my opinion, the above named person's condition does not preclude his/her attendance at camp.

Diagnosis and Disease Site: _____

Current Treatment Status (circle one): ON OFF

If on treatment:

Initial Diagnosis Date: _____

Dates of Recurrence: _____

Current Chemotherapy: _____

| | | | |
|---|---|---|---|
| Line | Yes | No | If yes, type: _____ |
| VP Shunt or Ommaya | Yes | No | _____ |
| Feeding Tube | Yes | No | _____ |
| Other/Complications | Yes | No | _____ |

If S/P BMT:

Date of BMT: _____

Date of 2nd BMT: _____

| | | | |
|---|---|---|---|
| Line | Yes | No | If yes, type: _____ |
| Feeding Tube | Yes | No | _____ |
| GVHD | Yes | No | _____ |

The Goodtimes Project
7400 Sand Point Way NE, #101S
Seattle, WA 98115
Email: tanya@thegoodtimesproject.org
Phone: 206.940.0062 • Fax: 206.877.4437

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PATIENT'S NAME: _____

ALLERGIES: Please list drug, food, or environmental allergies and describe

| Allergy | Reaction/Treatment Required |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

Varicella Immune: Yes No Status Unknown

Camper on Chemotherapy at camp or within 72 hours of start of camp? Yes No
*(June session dates= June 23-29, 2019 • July session dates = July 14-20, 2019 • Mini Camp date= July 17, 2019)*

Additional Health Information Needs:
_____
_____
_____
_____
_____
_____
_____

Nurse Practitioner/Physician's Name (please print): _____

Nurse Practitioner/Physician's Signature: _____

Date: _____

Address: _____

Phone: (____)_____ Fax: (____)_____

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