Camper Provider Medical Form- Forma Médica para el Provedor del campista
To be completed by a Medical Provder ONLY

Your patient DOB has applied to attend a family weekend or summer residential camp at The Painted Turtle camp, which may be contradicted by the child's medical condition. In order to safely provide these activities, The Painted Turtle requests that you review and evaluate your patient's health status and suitability to attend camp.

In order to consider their application, we need **ALL** of the following information:

1. **Camper Medical Provider Form (page 1 & 2)**
2. **Providers Clearance for Activities (page 3)- if the child has a cardiac condition, please have the child's cardiologist give diagnosis and clearance for activities**
3. **A copy of the child's most recent progress note or hospital discharge note**

Return all completed forms to:
Email: admissions@thepaintedturtle.org Fax: 661-724-1566 Phone: 661-724-1550

Camper Name: Date of Birth:

Diagnosis: Parent Name and Number:

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

Please list any communication, pertinent psychosocial or behavioral information that would affect the child's participation in a group setting

Infection Control- These questions must be answered

☐ Yes ☐ No Live vaccines deferred? If yes, please explain:

To your knowledge, has the child ever tested positive for ☐ MRSA ☐ VRE We cannot accept these children unless they have been treated. Please provide date cleared or treatment completion

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

☐ ☐ Other special infection control precautions? Please explain:

Bladder/Bowel Control

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

☐ Needs Foley overnight Cath size: Hours: From to

☐ ACE/Malone: Volume ☐ Saline ☐ Water Time(s) of day

☐ Enema Type: ☐ Cone ☐ Peristeen ☐ Other Addition information/instructions:

Dietary

☐ ☐ Food Restriction/Special Diet: Please Explain:

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Camper Name: DOB:

Devices

☐ Tracheostomy ☐ CPAP/BiPAP ☐ Apnea/O2 Monitor ☐ Ventilator ☐ Oxygen
☐ CADD Pump ☐ Insulin Pump ☐ Baclofen Pump ☐ Bile Tube ☐ G-tube ☐ GJ tube
☐ Ostomy ☐ Hearing aids ☐ PE Tubes ☐ Glasses/contacts
☐ Spinal Rods ☐ TLSO ☐ AFO ☐ VP Shunt ☐ VNS

Other mobilitry devices:

Central Venous Line/Port *(if yes, please complete CV Catheter form)* Type Location
PD Catheter *(If yes, please complete Supplemental dialysis form)*
HD Catheter (*If yes, please complete supplemental dialysis form)*

Once **ALL** of the following information is completed:

1. Camper Medical Provider Form (pages 1 & 2)
2. Providers Clearance for Activities (page 3)- for campers with a cardiac condition, please have your child's diagnosis and clearance for activities
3. A copy of the child's most recent progress note or hospital discharge note

Please return forms to:

Email: admissions@thepaintedturtle.org Fax: 661-724-1566 Phone: 661-724-1550

PROVIDER 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
- Horses do not trot or gallop, walking only

Contraindications to our horse program may include:

☐ Symptomatic Spinal Stenosis ☐ Cervical Spine Instability ☐ Symptomatic Chiari Type II

☐ Hip Joint Subluxation or Dislocation ☐ Atlantoaxial Instability ☐ Weight over 180 lbs (82 kg)

☐ Impaired head/neck control ☐ Impaired trunk control

Camper is cleared to participate in Horse activity ☐ Yes ☐ No

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 may include:

☐ Symptomatic Spinal Stenosis ☐ Atlantoaxial Instability ☐ Symptomatic Chiari Type II

Camper is cleared for participation in the Ropes and Climbing Wall activities ☐ Yes ☐ No

Swimming and Boating

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

Contraindications to swimming and/or boating program include:

☐ 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, HD catheter, PD catheter
- Ostomies- ok for pool with belt/covering
- Tracheotomy- campers stay in shallow end with adult supervision within arm's length at all times while in the pool; suction is available at pool

Camper is cleared for participation in Swimming and Boating activities ☐ Yes ☐ No

I have read the contraindications and precautions and my patient is cleared for all activities ☐ Yes ☐ No

Please list any exceptions:

Physicians Name: Date: Physician phone #

Physician Signature Physician/Clinic Stamp: