

Camper Name:

Birthdate:

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Camper Provider Medical Form
Forma Medica para el Proveedor del Campista

To be completed by a Medical Provider ONLY

Your patient has applied to attend a family weekend or summer residential camp at The Painted Turtle camp, which may be contraindicated 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** 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. Note must be less than 1 year old. An After Visit Summary (AVS) may be accepted for Family Weekend only.

Return all completed forms to:

Email: admissions@thepaintedturtle.org

FAX: 661-724-1566

Phone: 661-724-1550

Camper Diagnosis:

Parent Name and Number:

Is the child developmentally appropriate for age?

If no, what approximate age does child function at?

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

Live Vaccines deferred? Yes No If yes, please explain:

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

Other special infection control precautions? Please explain:

Bowel/Bladder Control

Urinary Catheterization: Cath size every (hrs) Site: Mitrofanoff Urethra

Other:

Foley overnight: Cath size Hours: From To

Bladder irrigation: Cath size Volume Fluid Time(s) of day:

ACE/Malone: Volume Fluid Time(s) of day

Enema Type: Cone Peristeen Other:

Additional Instructions:

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Dietary

Regular Keto Low Protein Renal Diet Low Carb Dairy Free

Gluten Free

Food allergies:

Other/please explain restrictions:

Devices

Tracheostomy	G-Tube	TLSO
CPAP/BiPAP	GJ Tube	AFO
Apnea/O2 Monitor	Cecostomy Tube	VP shunt
Ventilator	Ostomy	RNS
Oxygen	Hearing Aids	VNS
CADD Pump	Cochlear Implant	Wheelchair
Insulin Pump	PE tubes	Walker
Baclofen Pump	Glasses/Contacts	Cane
Bile Tube	Spinal Rods	Scooter/Segway

Central Venous Line: Port Broviac Hickman Location:

Peritoneal Dialysis Catheter (*please complete PD form*)

Other Devices:

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 has applied to The Painted Turtle camp and is interested in participating in activities which may be contraindicated by the child's medical condition. To safely provide these activities, The Painted Turtle requests that you review the following evaluation of medical precautions and contraindications. All activities are supervised by Painted Turtle staff.

Horses

- Helmets are worn at all times
- Horse always has a leader and at least one side walker
- **Walking only**, no trotting or galloping

Contraindications to horseback riding include:

Symptomatic Spinal Stenosis	Cervical Spine Instability	Symptomatic Chiari Type II
Hip Joint subluxation or dislocation	Atlantoaxial Instability	No truncal control
Limited Head and neck control		

Camper is cleared to participate in Horse activity Yes No

Ropes and Climbing Wall

- Helmets are worn at all times
- Chest and waist harness are worn at all times
- **Course is accessible for campers using wheelchairs or limited mobility**

Contraindications to ropes and climbing wall include:

Symptomatic Spinal Stenosis	Atlantoaxial Instability	Symptomatic Chiari Type II
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Camper is cleared for participation in the Ropes and Climbing Wall activities Yes No

Swimming and Boating

- Always lifeguard supervision in the pool and lake
- No swimming in the lake
- Adult buddies are always in the water with campers

Contraindications to swimming and/or boating include:

Stool Incontinence (swimming)	Hemodialysis Catheter	Tracheostomy (boating only)
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Precautions for swimming/boating include:

- Central line, HD or PD catheter: Dressings are checked before activity and all dressings are changed immediately after swimming by medical staff
- Ostomies: ok for pool with belt/covering. Sites checked before activity and dressing changed after swimming
- Tracheostomy: campers always stay in shallow end with adult supervision. Suction is available at the pool.

Camper is cleared for participation in swimming and boating Yes No

Please list any exceptions:

Physicians' Name:	Date:	Phone:
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Physician Signature:

Clinic/Physician Stamp: