

## 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](mailto: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.

<b>Infection Control-</b> These questions must be answered
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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:

<b>Bowel/Bladder Control</b>
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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:

Camper Name:

Birthdate:

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<b>Dietary</b>
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Regular

Keto

Low Protein

Renal Diet

Low Carb

Dairy Free

Gluten Free

Food allergies:

Other/please explain restrictions:

<b>Devices</b>
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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:**

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## 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:

Physician Signature:

Clinic/Physician Stamp: