

Camper Medical Sign-Off 2018
(Patients On- and Off-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 by April 30, 2018 to:
Camper family, 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 24–30, 2018
- July Session= July 15–21, 2018

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 off treatment:

Date of Completion: _____
Complications: _____
Line Yes No If yes, type: _____
Feeding Tube 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: tanva@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 24-30, 2018 • July session dates = July 15-21, 2018)

Additional Health Information Needs:

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

Nurse Practitioner/Physician's Signature: _____

Date: _____

Address: _____

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

