



## Camp Reach for the Sky 2022

Please check ONE Resident Oncology Camp / Day Camp

- July 4 – July 9, 2022
- August 1 - August 6, 2022

Patient Camper FORM A **Physician to complete**

PLEASE PRINT OR TYPE

I have examined \_\_\_\_\_

(Please print patient's name) (Patient's date of birth)

Male / Female

Allergies: \_\_\_\_\_

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

Diagnosis: \_\_\_\_\_

Date of initial diagnosis: Month/ Day/ Year/ \_\_\_\_\_

Does the child have a central access line? If so, please specify: \_\_\_\_\_

Which treatment center is/was this child being treated at: \_\_\_\_\_

Does the patient have any other medical conditions of which OAK should be aware? (Please be specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature \_\_\_\_\_

Physician Name (printed) \_\_\_\_\_

\_\_\_\_\_

Please provide a way for OAK to contact physician of camper (OAK would only contact this physician in an emergency)

Please return this completed form to:

admin@oncologyandkids.org

