



## PHYSICIAN EVALUATION FORM 2010

To be filled out for all oncology patients on treatment at any point **in the past 18 months**. Please ask your nurse to have this form completed and signed by the oncologist.

**Parents please indicate which camp your child will attend.**

- |   |
|---|
| <input type="checkbox"/> <b>Camp SunRise – Day camp for ages 3-7</b>                      |
| <input type="checkbox"/> <b>Camp SunMaker – Residential week long camp for ages 7-17</b>  |
| <input type="checkbox"/> <b>Camp SunSeeker – Leadership week long camp for ages 14-17</b> |
| <input type="checkbox"/> <b>Camp SunKeeper – Teen weekend camp for ages 12-17</b>         |
| <input type="checkbox"/> <b>Young Adult Conference – Weekend camp for grades 10-12</b>    |
| <input type="checkbox"/> <b>Weekend Family Camp</b>                                       |

Form in effect from \_\_\_\_\_ to \_\_\_\_\_

### Section 1 Parent Consent

I, \_\_\_\_\_ agree to permit the pediatric hematology/oncology unit (*Alberta Children's Hospital / Stollery*) to disclose the following information to KCCFA for the purpose of providing medical support to my daughter/son at the upcoming camp programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Section 2 Patient Information

Name of Patient \_\_\_\_\_

Age of Patient \_\_\_\_\_ Allergies \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Diagnosis (M/D/Y) \_\_\_\_\_

Is patient currently on treatment?     Yes  No

If no, please indicate the date therapy was completed (M/D/Y) \_\_\_\_\_

Has the patient received **radiation therapy**?     Yes  No

Date of last **chemotherapy**: (M/D/Y) \_\_\_\_\_

Please indicate which chemo was used \_\_\_\_\_

Presently has an **IVAD**  Yes  No    or **Broviac**  Yes  No

If yes, please indicate which day the line is flushed with **Heparin** \_\_\_\_\_,

dressing changes on \_\_\_\_\_ and cap changes \_\_\_\_\_.

**Heparin concentration** \_\_\_\_\_ **Volume** \_\_\_\_\_



Has this port been inserted or removed in the past month?  Yes  No

Does the camper have a **G Tube** or an **NG Tube**?  Yes  No (Please circle which one)

If yes, is it used for nutrition?  Yes  No      For meds?  Yes  No

If yes, what is administered through it? \_\_\_\_\_

Is the camper receiving any anti-coagulant therapy? (if yes, please explain)

\_\_\_\_\_

What is the camper's most recent platelet count? (Please include date count was done and level) \_\_\_\_\_

**\*(Please be aware that some activities at camp may put a camper in danger who has low platelets such as the climbing wall, giant swing, and high ropes)**

Does the camper have **any other medical needs** of which the nurses should be aware, i.e., ostomy, shunts, insuflons etc? Please specify.

\_\_\_\_\_  
\_\_\_\_\_

### Section 3 Medication Registration

**Please record currently prescribed medications. Nurses will use this form to review protocols with parents and ensure that all medications and proper administration procedures are followed at camp. Parents and KCCFA camp nurse will review this form at camp registration.**

Drug Name	Dose (mgs)	Times administered

**\*If camper will require oral chemotherapy at camp, physician should also include a copy of the most recent chemotherapy orders. If these orders may change before camp, please**



**indicate and the Nursing Coordinator will contact the camper's primary nurse before camp for most recent chemotherapy orders**

I believe the child named above is able to participate in the Day Camp, Teen Camp or Family Camp with the following limitations:

This evaluation form is valid for the following camp dates \_\_\_\_\_

Physician's name \_\_\_\_\_ Institute: \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please return this completed form to KCCFA at least two weeks prior to the start of camp.**

**Kids Cancer Care Foundation of Alberta  
Attention Mary Phillip, Administrative Assistant  
609-14<sup>th</sup> Street NW, Suite 302  
Calgary, Alberta T2N 2A1  
Fax 403-216-9215**

**[www.kidscancercare.ab.ca](http://www.kidscancercare.ab.ca)**



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\_\_\_\_\_  
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## **Medication information/registration and PRN authorization for Camp**

**Please complete the following medication forms and submit them to the KCCFA office immediately. Fax to 403.216.9215. Keep a copy for your records.**

**During registration you will be required to give all medications including over-the-counter preparations and vitamins to KCCFA staff for safekeeping. Please do not pack medications or medical supplies in your child's suitcase or backpack.**

### **Please ensure the following:**

- Provide the camp nurse with sufficient medication and related supplies **to cover the length of the program plus two days**. We ask for an additional two-day supply in the event that there is loss or spoilage of medication.
- **Medications must come in the original containers supplied by the pharmacy.** Please ensure your **medications are properly labeled** with the camper's name and dosage. Please include the time of day it is given. For example, if your child is on Amoxil 250 mg., three times a day, the medication bottle should state this. Please notify nurses at time of registration of any prescription changes (labels must reflect this change).
- **We can not accept multi-dosing packages**, i.e. bubble packs or parent-filled dosettes, for safety reasons.
- Please alert the nurse/medic at registration when the next scheduled medications are due. This will provide consistency in the medication schedule and assist us with med administration.
- Campers currently on treatment must have the current medication information chart completed along with the physician evaluation at the hospital.
- Please complete the PRN authorization portion of this form prior to camp. Camp nurses are only permitted to administer medications as approved by parents.
- **Please be advised that all medications brought to camp must be stored in the nursing station for safe keeping.** All adults **must** submit their meds to the nurse but will be able to self-administer medications. Your privacy will be respected.
- In the case of Family Camp, individuals requiring immediate access to emergency medications will be provided with a lock box to ensure **safe storage of medications**.



Medications registration for KCCFA camp program

Please complete one form for each member of the family attending camp.

**CAMPER'S NAME** \_\_\_\_\_

**Section A**

Please note any recent medical events that have occurred, i.e. infections, unusual rashes, broken bones.

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**Section B**

Please include all prescribed and PRN (e.g. Tylenol, Gravol) medications that you will be sending with your child to camp on this form. If changes in medications occur prior to camp, please inform the nurse at bus registration.

Drug Name	Re fri	Dose (mgs/mls)	Time taken	Reason

Note:

- Septra may be written out as number of pills or tablets.
- Asthma medications may be written out as number of puffs or inhalations.
- Consult medical staff concerning storage of emergency medications.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FAX TO 403.216.9215**



CAMPER'S NAME (S) \_\_\_\_\_

**PRN MEDICATION CONSENT**

**Please check off whether your child is able to receive the following PRN medications. Your signature below authorizes the camp nurse to deliver such medications when needed during Camp & Community Outreach programs.**

- Acetaminophen 80 mgx4 For headaches and pain relief  
(Children's)
- Acetaminophen 325 mg For headaches and pain relief
- Acetaminophen 500 mg For headaches and pain relief
- Benadryl 15 and 25 mg For allergy relief

Has your child ever required Benadryl for the use of allergies? Yes No

What allergies have you used Benadryl for? \_\_\_\_\_

- Ibuprofen 200 mg For muscle aches and pains
- Cold medications as listed For relief of cold/ flu symptoms  
(Vicks, NyQuil 30 ml, Robitussin Expectorant 5 ml or Sucrets lozenges)
- Gravol 25-50 mg For nausea, vomiting
- Divol or Malox 2-4 tsp as needed For heartburn, indigestion, gas
- Tums 1-2 tablets as needed For heartburn, indigestion, gas
- Senokot 2-4 tabs at bedtime Natural source laxative plus softener

Comments \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camp Nurse/Medic

\_\_\_\_\_  
Date

**FAX TO 403.216.9215**



Kids Cancer Care Foundation of Alberta
(CAMPERS UNDER THE AGE OF EIGHTEEN)

CERTIFICATION OF CONSENT AND AUTHORITY, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

TO: KIDS CANCER CARE FOUNDATION OF ALBERTA (hereinafter referred to collectively as "KCCFA") and employees, representatives, volunteers, officers and agents (hereinafter referred to collectively as "KCCFA Employees").

Please Print:

I/we, \_\_\_\_\_ (Parents or Guardians of) \_\_\_\_\_ hereby sign this agreement on behalf of myself, my personal representatives, heir and assigns.

- 1. I/we acknowledge that KCCFA provides a wide variety of recreational activities and outdoor pursuits programs. In addition, I/we acknowledge that KCCFA takes all reasonable precautions through compliance with current operating standards and practices to minimize risk involved with participation in activities offered by KCCFA.
2. I/we acknowledge that certain recreational activities and outdoor pursuits such as rafting, kayaking, hiking, mountain biking, team learning, rock climbing, mountaineering, caving, backpacking and related summer camping activities involve INHERENT RISKS that may cause serious injury and possibly death to participants.
3. As a parent or guardian of a child/children participating in KCCFA activities I am aware of potential risks and give my/our CONSENT to allow my/our child/children to participate in activities.
4. I hereby WAIVE ANY AND ALL CLAIMS which I may have against KCCFA and any or all KCCFA Employees and RELEASE KCCFA and the KCCFA Employees from and against all losses, costs, damages, expenses, liabilities, claims, demands and causes of action of whatever kind including all legal fees and costs (collectively, the "Claims") regardless of when they arose and howsoever arising for injury, death, property damage or any other loss whatsoever sustained by my/our child/children as a result of my/our child/children's participation in KCCFA activities or while present at a KCCFA camp, DUE TO ANY CAUSE WHATSOEVER (excluding gross negligence).
5. I hereby agree to indemnify and save harmless KCCFA and KCCFA Employees from and against all Claims regardless of when they arose and howsoever arising, that KCCFA and/or KCCFA Employees sustain, incur or may be subject to and which KCCFA and/or KCCFA Employees would not have sustained, incurred or be subjected to except as a result of my participation in KCCFA activities or while present at a KCCFA camp, DUE TO ANY CAUSE WHATSOEVER (excluding gross negligence).
6. Medication administration and Emergency Medical Care - In the event that my/our child/children require emergency medical care I hereby GIVE MY PERMISSION to the authorized persons in charge of the KCCFA activities to secure treatment for and to AUTHORIZE HOSPITALIZATION, INJECTIONS, ANESTHESIA, or SURGERY as necessary for EMERGENCY CARE.
PARENT/GUARDIAN INITIAL: \_\_\_\_\_

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE "KCCFA" OR "KCCFA EMPLOYEES" AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_, at \_\_\_\_\_, Alberta.

Parent/ Guardian Signature Parent/ Guardian Signature Witness Signature

Printed Name of Parent Printed Name of Parent Printed Name of Witness