

**BOB HARTLEY'S CAMP MOUNTAIN HEART**

**CAMP HEALTH FORM (Page 1)**

*(TO BE COMPLETED BY PHYSICIAN)*

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

**TYPE OF HEART DEFECT or CARDIAC PROBLEM:**

\_\_\_\_\_

**NAME AND DATE OF SURGICAL CORRECTION(S):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER DISEASES/DETAILS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PACEMAKER INFORMATION:**

**DEVICE TYPE:** Pacemaker or ICD

**MANUFACTURER:** \_\_\_\_\_

**SETTINGS:** mode \_\_\_\_\_

rates \_\_\_\_\_

**BOB HARTLEY'S CAMP MOUNTAIN HEART**

**CAMP HEALTH FORM (Page 2)**

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

**ALLERGIES:** \_\_\_\_\_

**ACTIVITY RESTRICTIONS:** \_\_\_\_\_

**DIET RESTRICTIONS:** \_\_\_\_\_

**IMMUNIZATIONS UP TO DATE:** YES \_\_\_\_\_ NO \_\_\_\_\_

**COMPLETING PHYSICIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PEDIATRIC CARDIOLOGIST:** \_\_\_\_\_

**PEDIATRIC CARDIOLOGIST ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PEDIATRIC CARDIOLOGIST PHONE NUMBER:** \_\_\_\_\_

**BOB HARTLEY'S CAMP MOUNTAIN HEART**

**CAMP HEALTH FORM (Page 3)**

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

**MEDICATIONS**

*(May be completed by parent)*

MEDICATION	DOSE	FREQUENCY	HOME SCHEDULE

*(Please attach another sheet if necessary for continuation of medications documentation)*

**If at all possible, please bring your child's medications to camp divided by day and time.** For example, if your child takes a vitamin at breakfast every day, place a vitamin in a small envelope or plastic bag marked Monday breakfast, Tuesday breakfast, etc. with their name on the bag as well. If they take more than one medication at a given time, you can put all the medications for that time in the same envelope or bag. You can also use a weekly pill box. Some of you already do this and it is very helpful—thanks!! This will greatly decrease the time required to get medications ready and allow us to spend more time with the kids doing fun things.

If you are able to do this, please include the child's name on the medications. We will still need a list of medications when you arrive and any intermittent doses needed.

**Camp Mountain Heart \_\_\_ has / \_\_\_ does not have my permission to treat my child with over the counter medications such as Tylenol, Advil or antacids if needed as determined by camp medical staff.**

\_\_\_\_\_  
(Signature of Parent/Guardian)