

# Camp John Marc: Family Getaway Camper Clearance Form

***This form is to certify the qualifying child's attendance at Camp John Marc's Family Getaway program is medically appropriate and to assess any medical needs, restrictions, and precautions which need to be considered. Please note, during the Family Getaway weekend there is no medical personnel on-site. Local EMS is at least 15 minutes away and the local hospital/Emergency Room (Clifton) is at least 20 minutes away. Camp John Marc is located 90 miles from the Dallas-Fort Worth area.***

**Instructions:** This form must be completed and signed by a licensed allopathic or osteopathic Doctor of Medicine, a certified nurse practitioner, or a certified physician assistant who has direct knowledge of the child's medical condition in conjunction and is aware of the remote nature of the camp experience.

<b>Child/Camper Name:</b>	
<b>Partner Camp:</b>	
<b>Hospital/Treatment Facility:</b>	
<b>Treating Provider's Name:</b>	
<b>Treating Provider's Phone:</b>	
<b>Treating Provider's Emergency Phone:</b>	
<b>Treating Provider's Email:</b>	

**Will the child/camper require licensed (skilled) nursing, patient care/respice care, or medical services during the camp experience?**

YES NO Specify \_\_\_\_\_

**This referral has been discussed with a member of the Psychosocial team (psychologist, social worker, child life specialist, etc.)**

YES NO Name/Credentials \_\_\_\_\_

**Is the child/camper/family an appropriate fit as it pertains to their psychosocial well-being?**

YES NO Specify \_\_\_\_\_

**Comments:**

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**I certify that the following conditions have been met.**

1. I have explained/will explain to the parent or legal guardian the condition of patient and any medical risks involved with patient's participation in the camp experience. I have counseled/will counsel the parent or legal guardian on how to handle medical emergencies during the camp experience and any special needs or precautions posed by the patient's condition as there is no medical personnel on-site. If patient is suffering from a condition that has the possibility of transmission to other people, I have counseled/will counsel parent or legal guardian on appropriate precautions, control measures and emergency procedures.
2. As long as parent or legal guardian takes sufficient precaution to protect patient in accordance with my instructions, (a) there is no medical contraindication to patient's participation in the camp, and (b) patient's participation in the camp will not present sufficient medical risks to patient (or others with whom the patient may come into contact) to prevent my authorizing patient to participate in the camp experience.
3. The following medical restrictions and needs must be considered in planning this child/family's camp experience:

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**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*\*Please note, while this form focuses on the qualifying camper's medical condition, it is important that each family member is an appropriate fit for the camp experience as no medical staff is on-site in a remote location.*

**Please return this completed form via encrypted email (ie, Zix, Proofpoint, etc.) to [getaways@campjohnmarc.org](mailto:getaways@campjohnmarc.org). Please call the Camp John Marc office with any questions (214-360-0056).**