



11615 Hesby Street
 North Hollywood, CA 91601
 818-754-0312
 818-754-0842 fax
 www.campdelcorazon.org

A non-profit organization providing year-round opportunities for children with heart disease.

My child is applying for:

Catalina Session 1: _____ 200 _____
 Catalina Session 2: _____ 200 _____
 Catalina Session 3: _____ 200 _____

** If marking more than one session, please indicate 1st & 2nd choice. **

Camper Cardiology Form

Dear Parents:

Please sign below and submit this form to your child's pediatric cardiologist to return directly to our camp office. No camper will be allowed to attend camp without his/her cardiology and medical forms approved by the nursing staff **seven** days prior to your child's first day of camp. The camp office is not responsible for any outstanding forms.

I hereby authorize release of the information requested on this form to Camp del Corazon, its delegates and other medical care providers that they deem appropriate and necessary.

Camper _____ Parent/Legal Guardian (print) _____

Signature of parent or legal guardian X _____ Date: _____

Contact Phone: _____ Add'l contact Phone: _____

Dear Pediatric Cardiologist:

Your patient is applying to attend Camp del Corazon. Your cooperation is requested in providing our medical staff with pertinent medical history about your patient. All information is confidential and solely for the guidance of the Camp del Corazon medical staff. Please use information from the most recent visit (within the last 12 months) in completing this form and return to our camp office as soon as possible, as our medical staff needs to review it before accepting this camper. Thank you for your assistance.

Camper Information

First Name: _____ Last Name: _____
 Male Female DOB: _____ Age: _____

CARDIAC DIAGNOSIS

PLEASE print or type. Medical staff must be able to CLEARLY read the diagnosis. This is vital to our programming and staffing. (You may include a dictated note if helpful.)

<u>Cardiac Diagnosis</u>	<u>Surgical Intervention Procedures Performed</u>	<u>Date Performed</u>

Cardiac Rhythm/Device History

Does applicant have a history of dysrhythmia? Yes No Please describe: _____

Date of last episode: _____

Has there been any recent cardiac concern / medical event? _____

Does applicant have a PACEMAKER or ICD? Yes No Reason for implantable device: _____

Date of insertion: _____

Pacemaker

Brand: _____ Model: _____ Date of Last Interrogation: ____/____/____

Programmed To: _____ Mode: _____ Lower rate: _____ Upper Rate: _____

ICD

Brand: _____ Model: _____ Date of Last Interrogation: ____/____/____

Has ICD discharged recently? & how often? _____

PLEASE SEND COPIES OF LAST PROGRAMMED SETTINGS FROM ALL DEVICES

Cardiac Transplant ONLY:

Date of Transplant: _____ Surgeon: _____

Name of Center: _____ Phone: _____

Evidence of Rejection: ___ Y ___ N Last Cardiac Biopsy Date: _____

If evidence of rejection, type and grade: _____

Describe any recent operations, or serious illness. Do they require treatment? _____

Describe any physical disability or physical limitation effecting camp activity. _____

Describe any psychological problems that you are aware of that could impact camper's participation. _____

Describe any pertinent findings on examination that may require monitoring while at camp. _____

Activity Participation

Does camper participate in a School Physical Education program? Yes / No

Please **circle** the letter below describing the level of activity in which the applicant is able to participate.

- A) FULL ACTIVE PARTICIPATION WITH MODERATE EXERCISE**
Participates in non-competitive games, which may involve running short distances.
- B) PARTIAL ACTIVE PARTICIPATION WITH LIGHT EXERCISE**
Participates in limited activities. Camper rests occasionally.
- C) LIMITED ACTIVE PARTICIPATION WITH NO EXERCISE**
Must rest frequently and often. Participates in sedentary activities only.
*If your patient fits **category C**, please reconsider his/her suitability.
However, if you perceive that your patient can benefit from actively participating in the programs, please submit a written explanation.*

Is there anything else we should know?: _____

We would like to thank you for helping us to make Camp del Corazon a safe place for children who are living with heart disease. If any cardiac related event occurs while your patient is at camp, we will contact you as soon as possible as instructed below:

Doctor's Statement:

I have examined _____ who is physically able to engage in camp activities, except for the limitations and restrictions listed above.

Physician's Signature: _____

Print Name: _____ Date: _____

Address: _____

Hospital Affiliation: _____

Phone Numbers: Office (____) _____ Off Hours On-Call (____) _____

Some of my other patients may benefit from attending Camp del Corazon. Please send me a few brochures.

Camp del Corazon serves all people regardless of race, color, creed, religion, national origin, gender or socioeconomic status