



**2019 Camp Goodtimes
Child Diagnosed with Cancer
Form 1: Clinician's Evaluation Form**

The person being evaluated is applying to attend Camp Goodtimes. The experience may include participating in activities such as swimming, hiking, canoeing, and large group games. Please review the health history with the participant for any interim changes.

Please scan & email/fax this form to the Camp Goodtimes office, attention Clinical Coordinator at:

Scan & email: jennifer.skillen@cancer.ca
Fax: 604.675.7124

It is mandatory for all applicants who have **received treatment for cancer within the last 5 years** to have the **Clinician's Evaluation Form** completed by the participant's Clinician (e.g. Primary Nurse or Physician) and sent to the Camp Goodtimes office prior to the start of camp.

It is mandatory for all applicants **on active treatment for cancer** to have the **Clinician's Evaluation Form and Current Treatment Form** completed by the participant's Clinician (e.g. Primary Nurse or Physician) and sent to the Camp Goodtimes office prior to the start of camp.

- **Form 1: 2019 Clinician's Evaluation Form**
 - Must be completed for applicants who are currently on active treatment for cancer **OR** have been treated for cancer in the last 5 years

- **Form 2: 2019 Current Treatment Form**
 - This form is *only* for applicants who are on active treatment for cancer
 - Must be completed by a Clinician (preferably within 10 days of camp session)

2019 Camp Dates:

At Loon Lake in Maple Ridge:

Family Camp 1 / Tuesday, July 2 – Friday, July 5
Kids Camp 1 / Sunday, July 7 – Friday, July 12
Family Camp 2 / Sunday, July 14 – Wednesday, July 17
Family Camp 3 / Wednesday, July 17 – Saturday, July 20
Kids Camp 2 / Monday, July 22 – Saturday, July 27
Kids Camp 3 / Monday, July 29 – Saturday, August 3

At Camp Pringle on Vancouver Island:

Teen Camp / Sunday, August 18 – Friday, August 23
Family Camp 4 / Sunday, August 25 – Wednesday, August 28

Please contact the Camp Goodtimes office at gotcamp@cancer.ca or 604.675.7141 or TF 1.800.663.2524 ext. 7141 if you have any questions or concerns regarding the information requested in these forms. If you do not have sufficient space to provide comprehensive patient information, please send supplemental documentation to the Clinical Coordinator.

9. Is there any other **medical condition** that was not covered in the above list that the applicant is experiencing? No Yes

If "yes", please describe medical condition here:

10. Is the applicant currently receiving any form of **behavioural or mental health treatment** (e.g. counseling, psychiatry, behavioural aid, education assistant, group therapy, support group, etc.)? No Yes

If "yes", please describe the type and frequency of the support they're receiving:

11. Is the applicant receiving **palliative care**? No Yes

If "yes", does the applicant have a **Do Not Attempt Resuscitation** order or an **Advanced Directive**? No Yes*

* Please ensure that the proper documentation is provided prior to camp

12. Is this applicant on any medication (e.g. chemotherapy, ventolin, vitamins, etc.)? No Yes

If answered "yes" above, please complete the medical information below:

Drug Name	Dose	Route	Frequency

* If this list changes prior to attending camp please send an updated medication list.

13. Patient Findings:

14. Camp Goodtimes programming may include some or all of the following optional activities, depending on the nature of the session:

- | | | |
|-------------------------|----------------------------|---------------------------|
| swimming | climbing wall & rappelling | arts & crafts |
| canoeing | archery | wake boarding (Teen only) |
| kayaking | hiking | tubing (Teen only) |
| high & low ropes course | field sports | |

Please contact the Camp Goodtimes Clinical Coordinator if you have any questions or concerns about the applicant engaging in any of the above-mentioned activities.

