



2019 Camp Goodtimes Child Diagnosed with Cancer **Form 2: Current Treatment Form**

Please complete this form for any applicant who is on **active treatment for cancer, or completed treatment in the last month**. The information requested in this application will help the Camp Goodtimes staff team make the best decisions possible regarding the eligibility, safety, medical care, and psychosocial support of the participant. We encourage you to be as thorough and honest as you can.

Please fax/scan & email 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 **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 Oncologist) and sent to the Camp Goodtimes office prior to the start of camp.

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.

- **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 2 weeks of camp session)

Form Completion Timelines:

If the applicant is currently receiving cancer treatment, please have their Clinician (e.g. Oncologist or Primary Nurse) complete this form. This form **must be received within 10 days of and at least two days before the participant arrives at camp**.

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

Form 2: 2019 Current Treatment Form

1. Applicant's Name: _____
 First/Given Name Middle Initial Last Name

2. Gender: Male Female

3. Date of Birth: _____ (DD/MM/YY)

4. Please list the most recent forms of treatment and dates (e.g. chemotherapy/radiation):

Date	Chemotherapy (including type and amount)	Present Chemotherapy Dose	Radiation (location on body)	Biotherapy (including type and amount)

5. Has the applicant received a Bone Marrow/Stem Cell Transplant in the past year? No___ Yes___
 Date_____

If the applicant is currently receiving chemotherapy, radiotherapy or other treatment, a blood count is required 7-14 days prior to camp.

5. Date of blood work: _____ **(within 7-10 days of the first day of camp)**

6. Hemoglobin: _____ X 9/L

7. White cell count: _____ X 10⁹/L

8. Absolute neutrophil count: _____ x10⁹/L

9. Platelet count: _____ X 10⁹/L

10. What sort of trend have the applicants' blood counts shown (e.g. increasing, decreasing)?

11. Please outline any activity restrictions for this applicant:

12. Clinician's Name & Designation (Please print):

 First/Given Name Last Name Designation (e.g. Oncologist or Primary Nurse*)

*If the Primary Nurse is completing this form, please have it double signed by a Physician.

 Office Phone

 Cell Phone

 Emergency Phone/Pager

 Primary Nurse Signature

 Date (DD/MM/YY)

 Oncologist's Signature

 Date (DD/MM/YY)