

Trillium Childhood Cancer Support Centre Child Camper Health Form 2018

Please Print (in effect for all 2018 programs)



Name: _____

Home Address: _____
(street) (apt.) (city) (province) (postal code)

Telephone: (____) _____ Birth Date: _____ (mm/dd/yyyy)

Sex: Male Female Language: English French Other: _____

Parent/Guardian 1: _____ Mother Father _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Address: Lives with camper _____
(street) (apt.) (city) (province) (postal code)

Parent/Guardian 2: _____ Mother Father _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Address: Lives with camper _____
(street) (apt.) (city) (province) (postal code)

If parent/guardian not available, please notify: _____

Relation to camper: _____ Home: (____) _____ Cell: (____) _____

Camper is a: Patient ON Treatment for cancer Patient OFF treatment since _____ (mm/dd/yyyy)

Sibling of patient Bereaved sibling since: _____ (mm/dd/yyyy)

For valuable consideration, Camp Trillium allowing my/our child to participate in its activities, I/we _____ (legal guardian/parent) the _____ (enter the relationship to the child parent/legal guardian) of _____ (child) agree to the following:

In order to enhance experiences and provide a safe environment, all persons attending Trillium programs are asked to provide certain medical and social information. This information may be shared with the Trillium Health Care Team, the counseling staff, the clinic team at the nearest POGO center, or with other personnel in the case of an emergency. Furthermore, information may be transferred and stored electronically. However, the release or transmission of any sensitive information (medical or otherwise) will be at the discretion of the Director of Nursing or his or her delegate. Furthermore, some of the biographical and/or medical information you provide may be used in program evaluation and/or research but not without the approval of the Executive Director. By signing this consent you are agreeing to the transmission and/or use of the medical/social information you have provided for the purposes described above.

I/we give my/our permission to the medical personnel of Camp Trillium or to the medical personnel selected by Camp Trillium to act on my/our behalf and administer the necessary medical care to my/our child, including transportation by employees, officers or agents of Camp Trillium for medical care. It is understood that all attempts possible will be made to contact me/us in the event that emergency care or otherwise is required.

Trillium Childhood Cancer Support Centre requests personal information about campers and families, such as name, address, phone number, email, history of illness and treatment. This information is gathered to provide service that Camp Trillium offers, to communicate with you via the newsletter and other mailings, to obtain medical and emergency care if required, to support promotional information (i.e. fundraising) and to facilitate ongoing communication. We respect and protect the privacy of our campers. We will not share your information with third parties; or divulge information to other organizations or individuals for the purpose of self or product promotion under any circumstances other than described here. Trillium will endeavor to honour any request you make to access or review the personal information collected.

We consider your provision of personal information to Camp Trillium to be your consent to your collection, use and where required disclosure of personal information as described above. In certain circumstances you may withdraw your personal information. For further information please contact our Privacy Administrator.

This health record is correct and complete as far as I/we know. This form shall remain in full force and effect until it is withdrawn or amended by giving notice to: Camp Trillium 940 Queensdale Ave. East, Hamilton, Ontario L8V 1N4

I/we agree that no notice apart from that, which is specified above, shall be considered to amend this form.

This form shall bind me/us, my/our representatives, successors and/or administrators.

Signature of parent/guardian: _____

Printed Name: _____ Date: _____

Signature of Witness: _____

Printed Name: _____ Date: _____

Oncology Information

Home Oncology Clinic:

- CHEO (Children's Hospital of Eastern Ontario) – *Ottawa*
- KRCC/KGH (Kingston Regional Cancer Centre) – *Kingston*
- HSC/SICK KIDS (Hospital for Sick Children) – *Toronto*
- HHS/MAC KIDS (McMaster Children's Hospital) – *Hamilton*
- LHSC (London's Children Hospital) – *London*

Patient Information (complete for patient only)

Type of cancer: ALL AML Brain Tumour Bone Tumour Lymphoma Other

Diagnosis (i.e. specific cancer or tumour): _____

Date of diagnosis (mm/dd/yy): _____ Date of relapse, if any (mm/dd/yy) _____

Date treatment was completed (mm/dd/yy): _____ Still undergoing treatment

Date of bone marrow transplant, if any (mm/dd/yy): _____

Graft vs Host Disease: No Yes: if so, please provide details:

** If on active treatment, the camp nurses will contact you and your clinic nurse 1-2 weeks prior to your camp session and request an update as to current treatment, recent blood counts, medications and any treatments to be arranged such as IV or IM chemotherapy, and blood transfusions. **Oral chemotherapy and some blood work can be done at camp.***

Oncologist: _____ Telephone: (_____) _____ ext. _____

Clinic Nurse: _____ Telephone: (_____) _____ ext. _____

Current Care Includes:

- Receiving Radiation Therapy
- Receiving Chemotherapy
- Has a central line: External – Hickman Port-a-Cath PICC Line
- Has a subcutaneous catheter (insuflon)
- Has a NG, NJ and/or G-tube
- Palliative Care Team

Oncology Clinic days are Tuesdays for OuR (Garratt's) Island campers at the Kingston Regional Cancer Centre in Kingston and Thursdays for Rainbow Lake campers at McMaster Children's Hospital in Hamilton. Camp Trillium provides transportation and a counselor for campers during residential camp and can provide transportation during family camp. If you have any questions, please contact our Nursing Director 1-888-999-2267.

Health Care Information		
Weight:	Height:	
Health Care Number:	Version Code:	Province:
Family Doctor:	Telephone:	
Other Specialist/Doctor/Health Care Provider:	Telephone:	
Other Specialist/Doctor/Health Care Provider:	Telephone:	

General Health Questions	No	Yes	If yes, please provide details
Recent illness or injury			
Chronic or recurring illness or condition			
Surgery or Permanent Devices (braces, surgical pins, plates, etc.)			
Neurological Issues (headaches, seizures, dizziness, VP shunt, etc.)			
Hearing and vision problems			
Any piercings? If so, where			
Mental Health (ADHD, depression, anxiety, gender identity concerns, etc.)			
Skin Issues (acne, eczema, psoriasis, etc.)			
Antibiotic-resistant organism (ARO) like MRSA, VRE, C-diff, EBSL			
Cardiac Issues (heart attack, COPD, pacemaker, blood disorder, etc.)			
Respiratory Issues (asthma, shortness of breath, oxygen requirement)			
Endocrine Issues (diabetes, hyper/hypoglycemia, thyroid or adrenal issues, etc.)			
Gastrointestinal issues (feeding tube, ostomy, IBS, Celiac, bowel issues)			
Mobility concerns (walker, cane, prosthetic, brace, wheelchair, etc.)			
Menstruation (has/has not started, is prepared for it, known issues)			
Nighttime concerns (nightmares, sleepwalking, bedwetting, etc.)			

Childhood Illnesses	Yes	No	Unsure	Date (mm/dd/yy)	Immunization History	Date (mm/dd/yy)	Date (mm/dd/yy)
Chicken pox					MMR (measles, mumps, rubella)		
Shingles					DTaP – IPV (diphtheria, tetanus, pertussis, polio)		
Measles					HP (hepatitis B)		
Mumps					Varivax (varicella)		
Rubella (German measles)					Other		

Medication: will camper require any medication while at camp? Yes No Unsure
Please send all medications usually taken, bring enough for the duration of camp, and keep them in the originally labelled container.

Medication	Dose	Times taken daily	Reason for taking	Special instructions

Allergies	Yes	No	Anaphylactic*	Unsure	Details, past reactions, usual treatments
Food					
Bee Stings					
Seasonal					
Medication					
Other (food, latex, etc.)					

** all anaphylactic campers need to bring a prescription labeled, not expired epi-pen or similar device to camp.*

Nutritional Information: I do not eat any of the following:	Reason/details
<input type="checkbox"/> Red meat	
<input type="checkbox"/> Pork	
<input type="checkbox"/> Eggs	
<input type="checkbox"/> Dairy products	
<input type="checkbox"/> Other	
<input type="checkbox"/> I'm a vegetarian, but I will eat fish (pescetarian)	
<input type="checkbox"/> I'm a vegetarian, but I will eat chicken	

For our Camp Staff: Parents, please tell us about your child! We use this information when matching special friends and making cabin and group arrangements for camp. You may attach any information not asked, that will help us ensure your child has a successful experience at camp.

Has your child ever stayed overnight without a parent? Yes No

Does your child have any particular fears (i.e. the dark, water, animals)?

Has your child ever been told not to participate in any activities by a health professional? Yes No

Has your child experienced challenges in group settings? (at school, club, camp) Yes No

What are some of your child's hobbies, favourite activities, pets, music, classes in school, etc.?

What are your child's favourite things about Camp Trillium?

Is there anything else we should know about your child to make his/her stay more enjoyable? Yes No
