

Camper Name: _____

Birthdate: _____



SICKLE CELL DISEASE FORM

TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

This form, in addition to the Physical Exam form, must be completed by a medical provider for all applicants.

a seriousfun camp

Specialty MD _____ Day Phone _____ After-Hours Phone _____

Address _____ Email _____

Hospital (where child is treated): _____ Nurse/Coordinator: _____

What hemoglobinopathy does the child have? (SS, SC, etc.) _____ Baseline room air saturation _____

Does the child require O2 for sleeping? No Yes If YES, what is the rate? _____

Medical complications/events in the last year: _____

Does this child have any chronic abnormal physical findings? _____

Is the child on a chronic transfusion protocol? No Yes If yes, how frequently? _____

Does the child have a central venous catheter? No Yes
If yes, please complete the CV Catheter form. (Please contact Camper Recruiter if you do not have this form).

Accommodations at camp:

- Use standard Roundup River Ranch camp accommodations for campers with sickle cell disease (contact us for a complete list)
- This camper has retinopathy. DO NOT USE NSAIDS (non-steroidal anti-inflammatory medications)
- This camper has additional special accommodations: _____

Please provide most recent labs or attach clinic note: _____ Date of labs: _____

Hgb/Hct: _____ Retic: _____ WBC: _____

Pain Protocol:

What does this child take for mild pain? _____

Moderate Pain? _____

Severe Pain? _____

Name of MD, NP, PA (Print)	Signature	Date	
Completed by (Print Name)	Signature	Date	