



MEDICAL RELEASE FORM

Please sign below and submit this form to your child's pediatric cardiologist or primary care provider to return directly to Merry Heart Children's Camp (MHCC). No youth will be allowed to attend camp without his/her cardiologists or primary care provider and medical forms approved by MHCC medical staff. MHCC is not responsible for any outstanding forms.

I (we) hereby authorize release of the information requested on the most recent clinical note (the clinic note should contain pertinent information described below) and any other information my pediatric cardiologist or primary care provider deems necessary for Merry Heart Children's Camp, its delegates, assigns, and other medical care providers that are deemed appropriate and necessary.

Date: _____

Youth's Name: _____
First Middle Last

Date of Birth: _____ Gender: Male: ____ Female: ____

Other, please describe: _____ Age: _____

Parent/Guardian Name: _____
(Print)

Parent/Guardian Signature: _____

Your patient is applying to attend Merry Heart Children's Camp. Your cooperation is requested to provide our medical staff and medical care providers with pertinent medical history about your patient. All information is confidential and solely for the guidance of the camp's medical staff. **The youth's visit must be within twelve (12) months of the camp date each year. The most recent clinical note and any other pertinent information should contain the following clinical information:**

- 1) Physical Exam
- 2) Surgical and Procedure History
- 3) Allergies
- 4) Prescribed Medication(s)
- 5) Activity Guidelines
- 6) Non-prescription medications we stock in camp infirmary are listed below: (Please make sure those which we should NOT administer on the clinic note).

Kaopectate	Milk of Magnesia	Benadryl	Meclazine
Pepto Bismol	Chloraseptic Spray	Acetaminophen	Dramamine
Ibuprofen	Cough medicine		

- 7) Sub – Acute Bacterial Endocarditis Prophylaxis
- 8) Cardiac Transplant
- 9) Cardiac Rhythm/Device History including model number.



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DOCTOR'S STATEMENT

NO STAMPS. PHYSICIAN MUST SIGN THE FORM.

We would like to thank you for helping us to make Merry Heart Children's Camp a safe place for youth with heart conditions. If any event occurs while your patient is at camp, we will contact you as soon as possible as instructed below:

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

Date: _____

Physician's Signature: _____

Name: _____
(Print)

Address: _____
Street/PO Box City State Zip

Phone Numbers:

Office: _____ Cellphone: _____ Fax: _____

Indicate which hospital your patient should be transported if needed:

Hospital: _____

Hospital Phone Number: _____

Please send completed form before **June 30th of each year** to:

Merry Heart Children's Camp
PO Box 80413
Portland, OR 97280
Phone: (971) 228-9074
Email: director@merryheartchildrenscamp.org