

## Sponsored by the American Academy of Dermatology

Camp Discovery for Young People with Chronic Skin Conditions

Crosslake, Minnesota	July 1–6, 2024	13–16 years old
Crosslake, Minnesota	July 8-13, 2024	8–13 years old
Burton, Texas	August 4–9, 2024	8–16 years old
Connecticut (city TBD)	TBD	8–16 years old
Millville, Pennsylvania	August 10–16, 2024	8–16 years old
Mountain Center, California	August 10–16, 2024	8–12 years old

Physician's Name:					
Email:		Pho	Phone: ( )		
	ecommend the followi	ng child:	Sex: Male: Female:		
Identifies as:		Preferred Pronouns:			
Parent / Guardian	Name:				
Address:					
City, State, Zip:		Birt	Birthdate:		
Primary Phone: (	)	E-mail Address:			
Camp Preference:	☐ Minnesota (July 1-	-6) ☐ Minnesota (July 8–13)	☐ Connecticut (drivers only)		
	☐ Texas	□ Pennsylvania	☐ California (drivers only)		
<ul><li>3. Additional Med</li><li>4. Behavior proble</li><li>If yes, level of so</li></ul>	ems:	asthma, severe allergies, requires wheelcha  1 Yes □ No 1 Mild □ Moderate □ Severe. Briefly	ir, attention deficit disorder, etc.)  describe condition on separate sheet.		
5. Please identify k ☐ Able to perfo ☐ Requires som ☐ Requires exte	pelow the level of daily of the commodally skin care regiment assistance to perform the commodal assistance to the commodal assistance	care required for this child. nen without assistance	'		
 Dermatologist sign	ature		 Date		
		mpletes this form on my child's behalf for th Academy of Dermatology and its medical s			
Parent/quardian sig	nature				

Please fax this form no later than May 17, 2024 to (847) 240-8645 or email to jmueller@aad.org.

Camp Discovery is provided to children at no cost, due in part, through the Mark Lebwohl Camp Discovery Scholarship Program.