



## 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
Mt. Washington, Massachusetts	July 28 – August 2, 2024	8–16 years old
Millville, Pennsylvania	August 10–16, 2024	8–16 years old
Mountain Center, California	August 11–16, 2024	8–12 years old

Physician's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

### I would like to recommend the following child:

Child's Name: \_\_\_\_\_ Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Identifies as: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Primary Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Camp Preference:

☐ Minnesota (July 1–6)

☐ Minnesota (July 8–13)

☐ Massachusetts (drivers only)

☐ Texas

☐ Pennsylvania

☐ California (drivers only)

### Referring dermatologist: Please briefly describe the child's skin condition

1. Condition: \_\_\_\_\_

2. Severity of condition: ☐ Minimal ☐ Moderate ☐ Severe

3. Additional Medical Consideration: (i.e., asthma, severe allergies, requires wheelchair, attention deficit disorder, etc.) \_\_\_\_\_

4. Behavior problems: ☐ Yes ☐ No

If yes, level of severity: ☐ Mild ☐ Moderate ☐ Severe. Briefly describe condition on separate sheet.

5. Please identify below the level of daily care required for this child.

☐ Able to perform daily skin care regimen without assistance

☐ Requires some assistance to perform daily skin care regimen

☐ Requires extensive assistance to perform daily skin care regimen

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Dermatologist signature

\_\_\_\_\_  
Date

I authorize the health care provider who completes this form on my child's behalf for the purpose of attending Camp Discovery to disclose the information to the American Academy of Dermatology and its medical staff.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

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

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

Visit [campdiscovery.org](https://campdiscovery.org) to learn more!