Sponsored By The American Academy of Dermatology

Camp Discovery for Young People with Chronic Skin Conditions:

Crosslake, Minnesota • June 21-26, 2020 • 8–16 years old
Crosslake, Minnesota • July 5-10, 2020 • 8–16 years old
Burton, Texas • August 2-7, 2020 • 8–16 years old
Andover, Connecticut • August 9-15, 2020 • 8–16 years old
Millville, Pennsylvania • August 15-21, 2020 • 8–16 years old
Gig Harbor, Washington • August 24-28, 2020 • 8–16 years old

Physician's Name: _____ AAD-IO # _____

Email: _____ Phone: (____) _____

I would like to recommend the following child:

Child's Name: _____ Gender: Male:____ Female:____ Other: _____

If other, please define: _____

Parent / Guardian Name: _____

Address: _____

City, State, Zip: _____ Birthdate: _____

Primary Phone: (____) _____ E-mail Address: _____

Camp Preference: ☐ **Minnesota (June)** ☐ **Minnesota (July)** ☐ **Connecticut** ☐ **Texas** ☐ **Pennsylvania** ☐ **Washington**

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

1. Condition: _____

2. Extent of condition: ☐ Generalized ☐ Limited If limited, what areas are affected? _____

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

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

_____

6. Behavior problems: ☐ Yes ☐ No
   If yes, level of severity: ☐ Mild ☐ Moderate ☐ Severe. Briefly describe condition on separate sheet.

7. 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 April 10, 2020 to (847) 240-8645.

Visit campdiscovery.org to learn more!

19-888-MKT