



camp discovery

2021 Virtual Camp Discovery Referral Form

Sponsored By The American Academy of Dermatology

Camp Discovery is for Young People with Chronic Skin Conditions:

Physician's Name: _____

Email: _____

Phone: _____

I would like to recommend the following child to attend virtual camp (Dates TBD):

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

If other, please define:

Birthdate: _____

Parent / Guardian Name: _____

Address: _____

City, State, Zip: _____

Primary Phone: (_____) _____

E-mail Address: _____

Referring dermatologist, please complete the questions below:

1. Condition: _____
2. Severity of condition: ___ Minimal ___ Moderate ___ Severe
3. Comment: _____

Dermatologist signature: _____ Date: _____

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

Parent/Guardian signature: _____ Date: _____

Questions, please contact Janine Mueller at jmueller@aad.org