

The location of attendance for each camper is made at the discretion of Camp Liberté administrators. This decision is based on the needs and wellbeing of the camper and the most cost effective alternative.

PHYSICIAN REFERRAL FORM

Sunday, August 4 – Friday, August 9, 2019 - Saint-Alphonse-Rodriguez, QC (Ages 7 - 12)

Sunday, August 4 - Friday, August 9, 2019 - Bragg Creek, AB (Ages 7 - 14)

For children with cutaneous disorders living in Canada

To be completed by the Dermatologist: (Please print all information)

Physician's name:		
Office address:	Office phone:	
City:	Cell phone:	
Province:	Postal code:	Email:

I would like to recommend the following child:

Child's name: First:	Last:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (DD/MM/YYYY):	Age:

Parent(s) names:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother
Home address:	Home phone:	
City:	Business phone:	
Province:	Postal code:	Cell phone:
Email:		

Guardian name:	(if applicable)	
Address:	Home phone:	
City:	Business phone:	
Province:	Postal code:	Cell phone:
Email:		

Preferred language: English French

Parent(s) / Legal guardian permission to propose the child as a potential camper: Date:

Name (please print): Signature:

Family Physician or Pediatrician

Name:	Office phone:
City:	Cell phone:



Brief description of child's skin condition:

1. Condition: _____

2. Extent of condition: Generalized Limited

If limited, what areas are affected? _____

3. (a) Severity of condition: Minimal Moderate Severe

(b) What is the treatment for this condition?

Skincare/hygiene: Yes No Special dressings: Yes No

Topical treatments? _____

Oral medication? _____

(c) If severe, please give full details of daily treatments:

4. (a) Additional medical considerations (e.g. asthma, severe allergies, attention deficit disorder, requires wheelchair, etc).

(b) Other treatment: Yes (Specify) No

5. Does child travel with a wheelchair? Yes No Is the wheelchair collapsible? Yes No

6. Behavioural problems: Yes No

If yes, level of severity: Mild Moderate Severe

Briefly describe condition on back of form, or separate sheet

7. Level of care required: In order to accurately assess the amount of medical staff required, please identify below the level of daily care required by this child. Able to perform daily skin care regimen without assistance

Requires some assistance to perform daily skin care regimen Time required: _____

Requires extensive assistance to perform daily skin care regimen Time required: _____

Additional comments

Signature of Dermatologist: _____ Date: _____

Please return this form by mail no later than June 1, 2019 to:

Lyne DiMillo, Camp Liberté Administrator
1385 Bank Street, Suite 425
Ottawa, ON K1H 8N4

(Toll free) 800-267-3376
Fax: 866-267-2178
Email: info@campliberte.ca

Applications will be considered as they are received.

Campers who must be Canadian residents and should be at and least 7 years old on July 31, 2019 will be selected based solely on their medical condition without bias as to any other factors.

All patient information provided will be treated confidentially, as in any medical practice.