



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

_____ 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: _____

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Campers who must be Canadian residents and should be at and least 7 years old on July 31, 2021 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.