

***** Return by May 1st OR bring with you to check-in *****



LATE CHANGES FORM

Participant's Name _____

Today's Date _____

Changes in medical status _____

If the participant has had a more recent blood count than the one already submitted, or has had changes made in medications or dosages, please supply us with this information. Please give this form to the head nurse upon check-in.

MOST RECENT BLOOD COUNT

Date: _____ H/H _____ WBC _____

Platelets _____ Segs _____ Bands _____

Monos _____ Eos _____

Differential or ANC _____

ORAL MEDICATIONS (List all medicines that will be needed at camp.)

Drug Name & Strength	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV, IM OR SQ MEDICATION The camp physician will directly supervise the administration of all parental (IV) medications. Please have your doctor write an order describing the dose and method of administration (including chemotherapy, TPN, antibiotics or other infusions). It is necessary for you to arrange with your healthcare team the transport of these medications.

Drug Name & Strength	Dose	Route	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT

Has the participant had contact with chicken pox during the last 3 weeks? YES _____ NO _____