



Medical Form

This form is needed for kids who are not followed by a cardiologist at Cincinnati Children's Hospital Medical Center

Parents: please sign the release of information and fill in your child's name, etc.

I hereby authorize the release of the information requested on this form to Camp Joyful Hearts, its delegates, and other medical care providers that they deem appropriate and necessary.

Parent/legal guardian (print): _____

Signature of parent/legal guardian: _____

Camper Name: _____

Age _____ Sex _____ Date of Birth _____ Home Phone _____

The following section of the form should be filled out by the camper's pediatric cardiologist:

Dear pediatric cardiologist:

Your patient is applying to attend Camp Joyful Hearts, a summer camp sponsored by Cincinnati Children's Hospital Medical Center specifically for children with heart disease. Your cooperation is requested to provide our medical staff with pertinent medical history about your patient. All information is confidential and is used only for the staff of Camp Joyful Hearts according to HIPAA regulations. For more information about Camp Joyful Hearts, call Betsy Adler at 513-636-7257, or go to cincinnatichildrens.org/joyful-hearts. Thanks for your help!

Brief Cardiac History

Please print or type. Camp medical staff must be able to clearly read the diagnosis. This is vital to programming and staffing. A dictated note with a most recent physical exam is helpful. Please include specific types and dates of any interventions, surgical or otherwise.

Activity Participation

Does applicant participate in a physical education program at school? ___yes ___no
Please circle ONE letter below describing that activity level at which the participant is able to participate:

- A) Full participation with moderate exercise
Participates in non-competitive games, which may involve running short distances.
- B) Partial active participation with light exercise
Participates in limited activities. Camper rests occasionally.
- C) Limited activity participation with no exercise
Must rest frequently and often. May participate in sedentary activities only.

Thank you for helping make Camp Joyful Hearts a safe place for kids!
Questions? Please contact Betsy Adler at betsy.adler@cchmc.org, or 513-636-7257.

Please mail this form to:

**Betsy Adler
MLC 2004
Cardiothoracic Surgery
Cincinnati Children's Hospital Medical Center
3333 Burnet Ave.
Cincinnati, OH 45229**

Or fax this form to 513-636-3847, Attn: Betsy Adler