



Sponsored By The American Academy of Dermatology

Camp Discovery for Young People with Chronic Skin Conditions:

Crosslake, Minnesota • 8–13 years old

Crosslake, Minnesota • 14–16 years old

Burton, Texas • 8–16 years old

Andover, Connecticut • 8–16 years old

Millville, Pennsylvania • 8–16 years old

For current Camp dates, please visit campdiscovery.org

Physician's Name: _____ AAD-IO # _____

Email: _____ Phone: (_____) _____

I would like to recommend the following child:

Child's Name: _____ Gender: _____

Parent / Guardian Name: _____

Address: _____

City, State, Zip: _____ Birthdate: _____

Primary Phone: (_____) _____ E-mail Address: _____

Camp Preference: **Minnesota** **Pennsylvania** **Connecticut**

Texas **Minnesota (Teen Week)**

Referring dermatologist: Please briefly describe the child's skin condition:

1. Condition: _____

2. Extent of condition: Generalized Limited If limited, what areas are affected? _____

3. Severity of condition: Minimal Moderate Severe

4. Additional Medical Consideration: (i.e., asthma, severe allergies, requires wheelchair, attention deficit disorder, etc.)

6. Behavior problems: Yes No
If yes, level of severity: Mild Moderate Severe. Briefly describe condition on separate sheet.

7. Please identify below the level of daily care required for this child.
 Able to perform daily skin care regimen without assistance Requires some assistance to perform daily skin care regimen
 Requires extensive assistance to perform daily skin care regimen

Additional Comments: _____

Dermatologist signature Date

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

Parent/guardian signature Date

Please return this form no later than April 7



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