



CAMP GOT2GO MEDICAL AUTHORIZATION FORM 2023

This section to be completed by Parent or Legal Guardian

Applicant/Camper Name: _____

1. **Gastroenterologist (GI) Name:** _____

GI Phone Number: _____

GI E-mail (if available): _____

2. **Family Physician Name:** _____

Family Physician Number: _____

Family Physician E-mail (if available): _____

1. This section to be completed by the applicant's Gastroenterologist

Date of most recent clinical assessment: _____

Date of Crohn's disease or ulcerative colitis diagnosis: _____

I understand that the above listed individual is seeking to participate in a special one-week, overnight camp for kids with Crohn's disease and ulcerative colitis taking place at either Easter Seals Camp Horizon in Alberta, Camp Wahanowin in Ontario, or Brigadoon Village in Nova Scotia. All campsites provide 24-hour supervision and a medical team who will be on-site and on-call 24-hours a day to provide basic care during camp.

I understand that this camp program will provide the above listed individual with the opportunity to participate in supervised activities which may include but are not limited to hiking, swimming, boating, and field games. **If there is anything the medical staff at camp should be made aware of I will list it in the comment section on the following page.**

Based on my medical opinion, I believe this applicant's inflammatory bowel disease (IBD) is in a stable condition to:

ATTEND Camp Got2Go

OR

DO NOT ATTEND Camp Got2Go

Comments:

Gastroenterologist Signature: _____ Date: _____

2. This section to be completed by the applicant's Family Physician/Primary Care Provider

Date of most recent clinical assessment: _____

I understand that the above listed individual is seeking to participate in a special one-week, overnight camp for kids with Crohn's disease and ulcerative colitis taking place at either Easter Seals Camp Horizon in Alberta, Camp Wahanowin in Ontario, or Brigadoon Village in Nova Scotia. All campsites provide 24-hour supervision and a medical team who will be on-site and on-call 24-hours a day to provide basic care during camp.

I understand that this camp program will provide the above listed individual with the opportunity to participate in supervised activities which may include but are not limited to hiking, swimming, boating, and field games. In addition to physical activities, the camp program will provide the above listed individual with the opportunity to connect with other children/youth living with inflammatory bowel disease (IBD). This opportunity to participate in camp away from home can also come with challenges. I understand that participating in the camp program may cause mental or emotional distress for some campers. **If additional supports are needed for the above listed individual, I will list them in the comment section below.**

Based on my medical opinion, I believe this applicant's overall health is stable to:

ATTEND Camp Got2Go

OR

DO NOT ATTEND Camp Got2Go

Comments:

Physician Signature: _____ Date: _____

***Parents/Guardians:** If you are unable to request a medical sign off from your child's GI and family physician, OR if your child does not have a GI or family physician please contact info@campgot2go.ca as soon as possible.