

# Catholic Charities Camp I Am Special

## 2018 Medical Treatment and Procedure Protocol

### PAGE ONE

These two pages only need to be completed if your Camper will have any procedures done at Camp outside of medication administration. Please carefully read all of the information below.

#### **All Medical Treatments And Procedures That Need To Be Performed At Camp:**

- Includes but not limited to G-tubes, nebulizers, Epi-pens, inhalers, Diastat, catheters, and/or ostomy.
- MUST have this form completed by the camper's physician PRIOR to camp
- MUST have Physicians Medical Stamp AND contact info for verification
- MUST have this form for EACH treatment and procedure required at camp
- MUST have all forms to us before camper registration will be 'complete'
- ALL treatment and procedures will be reviewed by our Medical and Advisory Team to ensure we can accommodate the camper's needs

#### **All Medications, Treatment Supplies, And Materials:**

- The Camp I Am Special Medical Staff can NOT accept medications, treatment supplies or materials that are not in their original packaging or out of date.
- All supplies must be in original packaging, with enough supplies for Camp plus an extra 2 day's supply in case of emergencies.
- All prescriptions must be in the name of the Camper, must be current/not expired, and must be unaltered in any way.
- If you have changes in medications or treatments before Camp, please visit our website at [www.CampIamSpecial.com](http://www.CampIamSpecial.com) to print out more Protocol and Physician Statement Forms
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#### **All Medications And Supplies Will Be Counted At Check- In & Check-Out:**

- We will NOT accept more medication and or supplies than we will use at Camp.

#### **Parents and/ or Guardians Responsibility:**

**At Check-In: Meet with Camp I Am Special Medical Staff upon arrival at camp.**

**At Check-Out: Meet with Camp I Am Special Medical Staff to sign Treatment Administration Sheet and Medication Administration Report (MAR) to ensure all remaining supplies and medications are returned.**

**PAGE TWO OF THE MEDICAL TREATMENT AND PROCEDURE PROTOCOL FORM  
MUST BE SUBMITTED TO CAMP I AM SPECIAL  
BEFORE CAMPER CAN BE ELIGIBLE FOR CAMP ACCEPTANCE.**

Catholic Charities Camp I Am Special  
2018 Medical Treatment and Procedure Protocol  
PAGE TWO

PLEASE PRINT CLEARLY

Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Office Number: \_\_\_\_\_

*Our Policy: ALL treatments/procedures will be reviewed by our Staff to ensure we can accommodate camper needs.*

1. Name of Medical Procedure and or Medical Treatment that will be performed at Camp\*:

\_\_\_\_\_

**\* Please note you will need a Medical Protocol sheet for *EACH* procedure or treatment administered during Camp.\***

2. Name of Medical Device: \_\_\_\_\_

**Specify the name of medical device.**

3. Describe the current status/condition for which this medical procedure/treatment is being administered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Description of the treatment device:

**Summarize the intended use of the device with clear, step-by-step instructions on how treatment must be administered at camp**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Provide a detailed description including the name of each component, name of medication, and supplies used in this treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe anticipated problems/concerns about this treatment. If no concerns/past problems, describe that.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provide your Physician office stamp here:

Healthcare Coordinator Stamp:

Fax page two to Camp I Am Special at 904-230-7465  
Scan/Email to [CampIAmSpecial@ccbjax.org](mailto:CampIAmSpecial@ccbjax.org)  
or Mail to Camp I Am Special \* 235 Marywood Drive \* St. Johns, Florida 32259

For Camp I Am Special Office Only \* Date received in office: \_\_\_\_\_ Ministry Director: \_\_\_\_\_ Camp session: \_\_\_\_\_  
CC: \_\_\_\_\_ ECC: \_\_\_\_\_ Weekly Camp Medical Staff: \_\_\_\_\_ / \_\_\_\_\_