

Camp LionHeart Cardiac Kids Camp 2025

Cardiology Form

Your patient is applying to attend Camp LionHeart Cardiac Kids Camp, July 27-August 1st, 2025. Your cooperation is requested to provide our medical staff and medical care providers with pertinent medical history about your patient. **Their visit must be within 1 year of the application. In addition, a copy of the last clinic note is required.**

Patient Name: _____ Date of Birth: _____

Cardiac Diagnosis:

Summary of Exam:

History:

Physical Exam:

Date of Most Recent Visit: _____ Height: _____ Weight: _____ (kg)

HR: _____ Blood Pressure: _____ SaO2 Range: _____

Neurologic: _____

Lungs: _____

Cardiovascular: _____

Murmurs: _____

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Surgical History:

Intervention	Date of Service	Reason for Procedure
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies: Does the patient require an EPI Pen for any Allergies? _____

Medication/Trigger	Date of last reaction	Type of Reaction
_____	_____	_____
_____	_____	_____
_____	_____	_____

Prescribed Medication: Please be specific and PRINT CLEARLY

Type of Medication	Strength	Dosage	Frequency	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please note any special instructions for any of the above listed medications:
(i.e. refrigerate, take pulse prior to giving, watch for bleeding, or history of seizures)

Do you recommend SBE Prophylaxis? _____

Non-prescription medications we stock in the camp infirmary are listed below:

Please circle those in which we should NOT administer

- Sudafed Pepto Bismol Ibuprofen Benadryl Caladryl Acetaminophen Chloraseptic Spray

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Cardiac Rhythm /Device History

Does the camper have a history of dysrhythmia? If so, describe: _____

Date of last episode: _____ Does the applicant have a PACEMAKER or ICD? _____

Reason for Implantable Device: _____

Brand: _____ Model: _____ Date of Last Interrogation: _____

Programmed to: _____ Mode: _____ Lower rate: _____ Upper Rate: _____

Has ICD discharged recently & how often? _____

Please send a copy of the last interrogation

Activity Participation: Cardiologist approved activity level (Please circle one)

A = FULL ACTIVE PARTICIPATION WITH MODERATE EXERCISE

Participates in non-contact games, which may involve running short distances.

B = PARTIAL ACTIVE PARTICIPATION WITH LIGHT EXERCISE

Participates in limited activities. Camper rests occasionally.

C = LIMITED ACTIVE PARTICIPATION WITH NO EXERCISE

Must rest frequently and often. May participate in sedentary activities only.

If camper fits Category C, please reconsider his/her suitability for camp. If you perceive that this applicant may benefit from actively participating in our programs, please submit a written explanation.

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We would like to thank you for helping us to make Camp LionHeart a safe place for children with heart disease/defects. If any event occurs while your patient is at camp, we will contact you as soon as possible as instructed below:

Doctor's Statement

I have examined _____ who is physically able to engage in camp activities, except for the limitations and restrictions listed above.

Physician's Signature: _____ Date: _____

Print Name: _____ Date: _____

Phone Numbers: Office _____ On-Call _____

Deadline for receipt of completed form is July 1st, 2025:

Camp LionHeart - Children's Heart Group
121 N. Nye's Road, Suite D
Harrisburg, PA 17112
Fax: 717-531-0401 Phone: 717-531-8674

Email: camplionheart@gmail.com

For more information: <http://www.camplionheart-elliesheartfoundation.org/>