



## Recent Medical Changes/Cambios médicos recientes

Este formulario debe enviarse después de cada ingreso hospitalario que no sea para quimioterapia pero de cualquier otro evento de salud importante. ¡Los campistas no pueden regresar al campamento hasta que se reciba este formulario completo!

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_

Today's Date \_\_\_\_\_

If the camper has had a recent surgery, more recent blood count than the one already submitted, has had changes made in medications, dosages or other medical changes, please complete this form. This form should be provided to Aurora Day Camp prior to attending camp after the changes have occurred.

### Changes in medical status:

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### Most Recent Blood Count

Date: \_\_\_\_\_ HH/H \_\_\_\_\_ WBC \_\_\_\_\_  
Platelets \_\_\_\_\_ Segs \_\_\_\_\_ Bands \_\_\_\_\_  
Monos \_\_\_\_\_ Eos \_\_\_\_\_  
ANC \_\_\_\_\_

### Oral Medications (List all medicines that will be needed at camp.)

Drug Name and Strength	Dose	Frequency

☐ Patient is not contagious and has no medical contraindications to return to Aurora Day Camp.

If yes, please explain: \_\_\_\_\_

☐ Patient has no need for isolation for a resistant organism, including, but not limited to: vancomycin-resistant enterococcus; c. difficile; ESBL bacterial infection.

If yes, please explain: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Por favor, complete y envíe los formularios firmados a:

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