



HeartKids Teen Camp

Cardiology Information Form

Dear Doctor

Your cooperation is requested in completing the attached one-page form for your patient, who is attending the HeartKids Teen Camp; a camp for young people with childhood heart disease. Campers will undertake a number of activities while at Teen Camp, which may include; rock climbing, flying fox, pool and beach swimming, surfing, stand up paddle boarding, music and art activities. To ensure that activities are safe for campers, we require information about their cardiac health and the level of activity they can participate in.

The information you provide in this form, which will assist our clinical volunteers to create a safe camp environment, will be stored securely and in compliance with the National Privacy Principles and the *Privacy Amendment (Private Sector) Act 2000*. In addition to this form, the camper's parent/legal guardian completes an Emergency Contacts & Medical Information Form, which has a section regarding medication and allergies.

Nursing volunteers will administer prescription medication in accordance with the list provided by the camper's parent/legal guardian on the Emergency Contacts & Medical Information Form and the pharmacy label. Over-the-counter medications are also administered in accordance with the permission provided on the Emergency Contacts & Medical Information Form. In the case of a medical emergency, volunteers will call 000.

If you have any enquiries or require any further information, please do not hesitate to me on 0439 985 938 or via email michelle.chee@heartkids.org.au.

Thank you for your assistance.

Kind regards

Michelle Chee
Project Coordinator
Teen Camps
HeartKids Limited

Cardiology Information Form

Camper Name:

Camper DOB:

Cardiac Diagnosis

Please provide details of the camper's cardiac diagnosis.

Vital Signs at Date of Last Consultation

Date of consultation:

Heart Rate:

Blood Pressure:

Oxygen Saturations:

Does the camper have a history of arrhythmia? No Yes* **If yes, please provide a copy of the most recent ECG.*

Activities

Activities at camp include but are not limited to: rock climbing, flying fox, pool and beach swimming, surfing, stand up paddle boarding, music and art activities.

If campers become fatigued, they will be able to rest as needed. Please mark the appropriate level which best describes the activity level for this camper:

- Full Active Participation** Camper is able to participate in games or activities requiring moderate exercise, which may involve running short distances and water activities.
- Partial Active Participation** Camper is able to participate in games or activities requiring minimal physical effort and may need occasional rest periods.
- Limited Active Participation** Camper is able to participate in sedentary activities only requiring no physical effort and must rest frequently.

Other Considerations/Medications

Please note that medication will be dispensed according to the list provided by the camper's parent/legal guardian and as per the pharmacy label. Please provide any other pertinent information that may require monitoring while at camp.

Contact Details

Please sign below and provide your contact details in case our clinical volunteers need to clarify any information.

Name: _____

Signature: _____

Date: _____

*Contact No: _____

Please return this completed form to the applicant and
To michelle.chee@heartkids.org.au