

# Children's Skin Disease Foundation

## SUMMER CAMP RECOMMENDATION FORM

Sponsored by Children's Skin Disease Foundation  
712 Bancroft Road #511, Walnut Creek, CA 94598  
Tel: (925) 947-3825 ★ Fax: (925) 937-2158 ★ www.csdf.org

CHILD'S NAME: \_\_\_\_\_ GENDER: M F

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ AGE \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

### PLEASE BRIEFLY DESCRIBE THE CHILD'S SKIN PROBLEMS:

1. Skin Condition: \_\_\_\_\_.
2. Extent of condition: \_\_\_ Generalized \_\_\_ Limited. If limited, what areas are affected? \_\_\_\_\_.
3. Severity of condition: \_\_\_ Minimal \_\_\_ Moderate \_\_\_ Severe.
4. Additional medical consideration: (i.e., asthma, severe allergies, behavioral problems, attention deficit disorder, etc.) \_\_\_\_\_
5. Behavioral problems: \_\_\_ Yes \_\_\_ No.
6. Level of Care Required: In order to accurately assess the amount of medical care required, please indicate the level of daily care required by this child.  
\_\_\_ Able to perform daily skin care regimen without assistance.  
\_\_\_ Requires some assistance to perform daily skin care regimen.  
\_\_\_ Requires extensive assistance to perform daily skin care regimen.  
\_\_\_ Estimate time required for daily bandaging.
7. Does the child require a wheel chair \_\_\_ Yes \_\_\_ No.

Signed: \_\_\_\_\_ e-mail (optional) \_\_\_\_\_

**PLEASE RETURN TO CSDF VIA MAIL OR FAX BY MARCH 15, 2004**

*CHILDREN MUST MEET THE AGE CRITERIA AT TIME OF CAMP: 8-16 YEARS OLD.  
CAMPERS WILL BE SELECTED WITHOUT REGARD TO SEX, RACE, NATIONAL ORIGIN, OR RELIGION*