

Sponsored By The American Academy of Dermatology

Camp Discovery for Young People with Chronic Skin Conditions:

Crosslake, Minnesota • June 16–21, 2019 • 8–16 years old

Crosslake, Minnesota • June 30–July 5, 2019 • 8–16 years old

Burton, Texas • August 4–9, 2019 • 8–16 years old

Millville, Pennsylvania • August 10–16, 2019 • 8–16 years old Andover, Connecticut • August 11–17, 2019 • 8–16 years old

Gig Harbor, Washington • August 26–30, 2019 • 8–16 years old

Physician's Name:	AA	AAD-IO # Phone: ()	
Email:	Ph		
I would like to recommend the following ch Child's Name:		Identifies as:	
Parent / Guardian Name:			
Address:			
City, State, Zip:	Birthdate:		
Primary Phone: ()	E-mail Address:		
Camp Preference:	☐ Minnesota (July)	□ Connecticut	
☐ Texas	☐ Pennsylvania	☐ Washington	
Referring dermatologist: Please briefly described 1. Condition:			
2. Extent of condition: ☐ Generalized ☐ Limit	ted If limited, what areas are affe	cted?	
3. Severity of condition: ☐ Minimal ☐ Mod	lerate □ Severe		
4. Additional Medical Consideration: (i.e., asthm	na, severe allergies, requires wheelch	air, attention deficit disorder, etc.)	
6. Behavior problems: ☐ Yes If yes, level of severity: ☐ Mild		y describe condition on separate sheet.	
7. Please identify below the level of daily care re ☐ Able to perform daily skin care regimen wi ☐ Requires some assistance to perform daily ☐ Requires extensive assistance to perform d	thout assistance skin care regimen		
Additional Comments:			
Dermatologist signature		 Date	
I authorize the health care provider who complet to disclose the information to the American Acad			
Parent/quardian signature		 Date	

Please fax this form no later than April 8, 2019 to (847) 240-8645. Direct questions to jmueller@aad.org or (847) 240-1737.