

Sponsored By The American Academy of Dermatology

Crosslake, Minnesota • July 23-28, 2023 • for ages 13-16
Crosslake, Minnesota • July 30-August 4, 2023 • for ages 8-13
Burton, Texas • August 6-11, 2023 • for ages 8-16
Hebron, Connecticut • August 6-11, 2023 • for ages 8-16
Millville, Pennsylvania • August 12-18, 2023 • for ages 8-16

Physician's Name:			
Email:		Phone: ()	
I would like to re	commend the following c	hild:	
Child's Name:		Gender: Mal	e: Female: Other:
If other, please def	ine:		
Parent / Guardian I	Name:		
Address:			
City, State, Zip:		Birthdate:	
Primary Phone: ()	E-mail Address:	
Camp Preference:	☐ Minnesota (July 23)	☐ Minnesota (July 30)	☐ Connecticut
	□ Texas	☐ Pennsylvania	
Referring dermato	ologist: Please briefly desci	ribe the child's skin condition	:
2. Extent of condit	ion: □ Generalized □ Lim	ited If limited, what areas ar	re affected?
3. Severity of cond	lition: ☐ Minimal ☐ Mo	derate □ Severe	
4. Additional Medi	cal Consideration: (i.e., asthr	ma, severe allergies, requires wh	eelchair, attention deficit disorder, etc.)
6. Behavior problems: ☐ Yes If yes, level of severity: ☐ Mild			Briefly describe condition on separate sheet.
☐ Able to perfo☐ Requires som	pelow the level of daily care in rm daily skin care regimen we e assistance to perform daily ensive assistance to perform	vithout assistance v skin care regimen	
Additional Comm	ents:		
Dermatologist sign	ature		 Date
	The second secon	etes this form on my child's behal demy of Dermatology and its me	If for the purpose of attending Camp Discovery edical staff.
Parent/guardian signature			 Date

Please fax this form no later than April 4, 2023 to (847) 240-8645 or email to jmueller@aad.org