Medical Information and Camp Clearance *This page must be completed by the child's parent or guardian.*

To help us provide a safe and supportive camp environment, we need to be informed of any Camper medical conditions that require routine management or that could require medical care during camp. Campers must be able to safely manage any diagnosed medical conditions and have a medical action or management plan provided by their doctor prior to camp for review by camp staff.

Juvenile arthritis alone does not require completion of the medical clearance form if it is well-managed. However, a doctor must complete the form if your child has a condition that:

- requires routine self-management, monitoring, medication or treatment;
- may affect their ability to safely participate in camp activities; or
- could reasonably require medical assessment or care during camp.

Parent/Guardian Declaration *Please tick one of the following options*

☐ **Camper does not have any medical conditions, medical clearance not required.**

I declare that my child does not have any medical condition, other than juvenile arthritis, that requires routine management, monitoring or treatment, or that could reasonably require medical care while attending camp.

I understand and agree that:

- I must notify the camp organisers as soon as possible if my child is diagnosed with a new medical condition or experiences a change in their health (including a change with their arthritis) before camp;
- If the camp organisers become aware of a medical condition that requires management or care that has not been disclosed or appropriately planned for, I may be required to collect my child from camp.

☐ **Medical clearance form completed**

My child has a medical condition, in addition to juvenile arthritis, that requires management, monitoring or treatment, or that could reasonably require medical care while attending camp.

A doctor has completed and signed the attached **medical clearance form**. I/we understand that should camp staff be unable to provide the support outlined in the medical clearance form, The Arthritis Movement will contact me to talk further about camp suitability. I/we also understand that we must notify the camp organisers as soon as possible of any changes in my child's health before camp.

Name of Child:		Date signed:	
Name of parent / guardian:		Parent / guardian signature:	

Camp Footloose Medical Clearance Form *must be completed by the child's GP or treating doctor*

Your patient has applied to attend *Camp Footloose*, a 4-day (3 night) camp for children and young people with Juvenile Idiopathic Arthritis (JIA) held at a Sport and Recreation Centre, coordinated by The Arthritis Movement. Camp Footloose runs 6-9 October 2026.

Purpose and Instructions:

This form must be completed for any children registered to attend camp who have a diagnosed medical condition, including but not limited to asthma, epilepsy, diabetes, cardiac conditions, mental health conditions, or any other condition that requires routine management or could reasonably require care during camp. Please complete all relevant sections of this form and attach any current condition-specific action plan(s) or supporting information. A significant change in the camper's health before camp may require an updated form.

About Camp Footloose:

The camp is supported by The Arthritis Movement's staff and volunteers, as well as two registered nurses who are available throughout the duration of the camp to:

- Support medication administration within their training and authorised responsibilities.
- Provide first aid or call emergency services.

Important information:

- The nearest hospital is approximately 20 minutes-drive from the venue.
- Camp staff are unable to provide dedicated one-to-one support for the ongoing management of a camper's health condition.
- Camp staff and nurses cannot provide any medical support beyond that noted above.

Following receipt of Camper medical clearances, camp staff will review the provided information and determine if they can provide suitable support for the child on camp.

Please attach further pages where more space is required.

Camper and Clinical Details:

Child's name:		**Date of birth:**	
Doctor's name:		**Practice / service**	
Qualification/role:		**Doctor's contact details:**	

Diagnosed medical condition(s), current clinical status and relevant recent history *List all diagnoses relevant to camp attendance and care, current stability and any recent or relevant changes*

Suitability to Attend Camp *please complete each of the following four questions*

1. In my clinical opinion, the child is:

☐ Suitable to attend camp with the management plan below/attached

☐ Not currently suitable to attend camp

2. The child's medical condition(s) is/are currently appropriately stable: ☐ Yes ☐ No

3. The child can self-manage their condition in a camp environment: ☐ Yes ☐ No

4. Participation in camp activities:

☐ No restrictions ☐ Permitted with modifications ☐ Restrictions apply – described below

*Camp activities may include raft building, kayaking, archery, pool games, bonfire building and trivia/games.

Activity restrictions or modifications *Name any activities that are restricted, not permitted or require modification.*

Camper Self-management

Condition overview and self-management *Briefly describe the condition(s), normal presentation, and the child's usual self-management of the condition(s).*

Symptoms, condition triggers and escalation *Please note any signs or symptoms that may indicate a worsening or escalation of the condition, and any known triggers.*

Medical Management

A separate medication form has been supplied to the child's parent(s)/guardian(s) for completion by their rheumatologist and/or other treating doctors. Please ensure that all medications that the child is prescribed and will require during camp are listed on the medication form.

Clearly identify any emergency medication that must remain immediately accessible and whether it should be carried by the child or camp nurses.

Medical equipment and supplies *Outline any medical equipment or other supplies the child will be required to bring to camp, and any storage and access requirements.*

Action Plan

Condition(s) action plan *Please outline a clear action plan for the prevention, control and management of the condition(s) and symptoms in the event of a flare up or worsening of symptoms. An action plan should be provided for each diagnosed condition.*

Where the child has any existing Action Plans, copies of these should be provided.

Medical Clearance to Attend Camp

I have reviewed the camper's diagnosed condition(s) and current clinical status. To the best of my knowledge, the information in this form (including any attachments provided) are current and sufficient to guide camp staff in supporting the child's self-management, and escalation responses at camp.

Doctor's Name:			
Doctor's Signature:		Date:	

Additional clinical comments *Please add any additional comments as required.*
