

Camp LionHeart 2026

Cardiology Form

Your patient is applying to attend Camp LionHeart 2026, July 26 through July 31st, 2026. Your cooperation is requested to provide our medical staff and providers with pertinent medical history about your patient. **Their visit must be within 1 year of the application. In addition, a copy of the last clinic note is required.**

Patient Name: _____ Date of Birth: _____

Cardiac Diagnosis:

Summary of Recent Visit:

History:

Physical Exam:

Date of Most Recent Visit: _____ Height: _____ Weight: _____ (kg)

HR: _____ Blood Pressure: _____ SaO2 Range: _____

Physical Exam Summary:

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Surgical History:

Intervention	Date of Service	Reason for Procedure

Allergies: Does the patient require an EPI Pen for any Allergies? _____

Medication/Trigger	Date of last reaction	Type of Reaction

Prescribed Medication: Please be specific and PRINT CLEARLY (Or attach medication list)

Type of Medication	Strength	Dosage	Frequency	Reason

Please note any special instructions for any of the above listed medications:
(i.e. refrigerate, take pulse prior to giving, watch for bleeding, or history of seizures)

Do you recommend SBE Prophylaxis? _____

Non-prescription medications we stock in the camp infirmary are listed below:

Please circle those in which we should NOT administer

Sudafed Pepto Bismol Ibuprofen Benadryl Caladryl Acetaminophen Chloraseptic Spray

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Cardiac Rhythm /Device History

Does the camper have a history of dysrhythmia? If so, describe: _____

Date of last episode: _____ Does the applicant have a PACEMAKER or ICD? _____

Reason for Implantable Device: _____

Brand: _____ Model: _____ Date of Last Interrogation: _____

Programmed to: _____ Mode: _____ Lower rate: _____ Upper Rate: _____

Has ICD discharged recently & how often? _____

Please send a copy of the last interrogation

Activity Participation: Cardiologist approved activity level (Please circle one)

A = FULL ACTIVE PARTICIPATION WITH MODERATE EXERCISE

Participates in non-contact games, which may involve running short distances.

B = PARTIAL ACTIVE PARTICIPATION WITH LIGHT EXERCISE

Participates in limited activities. Camper rests occasionally.

C = LIMITED ACTIVE PARTICIPATION WITH NO EXERCISE

Must rest frequently and often. May participate in sedentary activities only.

If camper fits Category C, please reconsider his/her suitability for camp. If you perceive that this applicant may benefit from actively participating in our programs, please submit a written explanation.

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We would like to thank you for assisting us to make Camp LionHeart a safe place for children with heart disease/defects. If any event occurs while your patient is at camp, we will contact you as soon as possible as instructed below:

Cardiology Provider's Statement

I have examined _____ who is physically able to engage in camp activities, except for the limitations and restrictions listed above.

Provider's Signature: _____ Date: _____

Print Name: _____ Date: _____

Phone Numbers: Office _____ On-Call _____

Deadline for receipt of completed form is July 1st, 2026:

Camp LionHeart - Children's Heart Group
121 N. Nye's Road, Suite D
Harrisburg, PA 17112

Fax: 717-531-0401 Phone: 717-531-8674

Email: tgreene2@pennstatehealth.psu.edu

For more information: <http://www.camplionheart-elliesheartfoundation.org/>