



Partner Group of Camp Victory

Cardiologist Consent Form 2025

(To be completed by Pediatric Cardiologist).

This form is required for all Campers with Cardiac conditions

Camper's Name:

Date of Birth:

Date of Last Cardiac Examination:

Cardiac Problem List:

Do you have any reservations about this patient attending Camp?

Does this child have any new or unstable cardiovascular problems, such as increased CHF, new arrhythmias, new hypertension, and recent (last 6 weeks) surgery?

Does this patient have any special restrictions on physical activities that you feel are important to maintain their health?

When and how may we contact you should your advice about this patient be needed?

Pediatric Cardiologist Signature:

Please print name: