

**Medical Letter of Clearance**

Date: \_\_\_\_\_

RE: \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

The Brain Injury Association of Virginia, a non-profit organization dedicated to serving survivors of brain injuries and their families, will host the 38th year of Camp Bruce McCoy in a day camp format due to the ongoing COVID-19 pandemic. The program is designed to provide an outstanding recreational experience with the highest level of safety possible. Camp Bruce McCoy is for adults 18 years and older. This year, the program will be conducted for four one-day sessions, each one taking place in a different location in Virginia. The dates and respective locations include: May 23rd in Chesapeake, May 25th in Roanoke, May 27th in Woodbridge, and May 28th in Richmond.

If the camper is not their own legal guardian, is unable to manage their own medications, requires physical assistance for mobility or self-care, and/or requires constant supervision due to cognitive/behavioral concerns, **they must be accompanied by a caregiver for the duration of the day camp.** The caregiver will be responsible for all hands-on care provided throughout the day. Campers will be able to participate in a wide variety of activities, some of which may be more strenuous than others. Participants must be medically stable to attend, and we do require a current list of medications from your office. Camp staff will include medical and rehabilitation professionals and students, and appropriate medical personnel will be onsite at all times.

Nathan Zasler, MD, a long time Camp Bruce McCoy volunteer and a specialist in brain injury medicine will serve as our Medical Advisor should medical issues arise during application review and/or if acute care issues develop during the program. Final decisions regarding the appropriateness of an applicant's participation will be made at the discretion of the Medical Advisor and Camp Manager.

Sincerely,

Anne McDonnell, MPA, OTR/L  
Executive Director

**MEDICAL LETTER OF CLEARANCE**

**DATE:** \_\_\_\_\_

As the primary care physician for \_\_\_\_\_ (camper), the following outlines my preferences regarding his/her treatment

**1. In case of a medical emergency during the camp session, please contact:**

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Alt. Phone #: \_\_\_\_\_

If the above physician cannot be reached, then contact \_\_\_\_\_

Is the alternate physician contact noted above aware of the camper's participation in Camp Bruce McCoy and in agreement with the same?

**2. Medical and/or activity restrictions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**3. Date and result of last blood level drawn for seizure medications:** \_\_\_\_\_

**4. ATTACHMENT:** List of current medications, including time of day and dosage.

**I hereby certify that my patient, \_\_\_\_\_ (camper), is medically cleared for participation in Camp Bruce McCoy**

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signed name