me-onefoundation.org
info@me-onefoundation.org

Dear Medical Provider,

Your patient has applied to attend Camp Wieser, a three-day retreat for adult cancer patients and their loved ones. The medical information provided below will be used by Camp Wieser's medical team to evaluate eligibility for participation and, if accepted, to support safe and appropriate care during the retreat. Your patient has provided their information on the next page(s).

Camp Wieser takes place from September 11th through September 13th, 2026, in Scotts Valley, California.

Please review your patient's information. Then please complete your medical clearance on the last page. **Your prompt response is highly encouraged as the limited number of family spotsfills up within 2 weeks. The Foundation cannot review your patient's application without this form.**

With gratitude,

Matthew Whitt, Camp Director
The Me-One Foundation - Host of Camp Wieser
info@me-onefoundation.org
https://me-onefoundation.org

CAMP WIESER 2026 MEDICAL CONSENT FORM

Camp Dates - September 11th, 12th and 13th

Potential Camper: Please complete the information below and on the following page. Then, have your medical provider complete and sign the bottom of page 3 to make certain they feel you will be well enough to attend camp. All information is confidential. This completed and signed document must be uploaded to your application.

Camper Information:

Applicant's Full Name

Applicant's Email Address

Primary Phone

Date of Birth

Camp Reminders:

The Camp Wieser retreat takes place at the Mission Springs Conference Center in Scotts Valley, California. Each family is assigned a private room with its own bathroom. **Camp lodges do not have air conditioning. PLEASE NOTE: Facilities are not fully ADA compliant (accommodations may require use of stairs or bunk beds).**

Campers will be given the opportunity to participate in as many activities as they wish. A medical team will be available at Camp Wieser for first aid and minor medical needs. **Campers will be responsible for providing and managing their own medical and personal care needs and supplies, while in attendance at camp.**

Medical Information:

Cancer Diagnosis

Stage

Date of Diagnosis

Date of last evaluation

Are you currently receiving active cancer-directed treatment including chemotherapy, immunotherapy and/or radiation? If YES, please list your current cancer treatments:

Are you scheduled to receive chemotherapy, immunotherapy and/or radiation between September 1st-13th? If YES, which agents?

Do you have any of the following? Please provide details as needed.

☐ Seizure History	☐ Oxygen Supplementation
☐ Artificial Nutrition (feeding tube/TPN)	☐ Dependence on Wheelchair/Walker/Prosthesis
☐ *Dietary Restrictions (please describe)	☐ *Allergies (please describe)

Provide details here:

*Note: If you have food restrictions, please bring the food items you require for the duration of camp as we are unable to fully accommodate all diets.

Please list any other pertinent medical conditions:

List medications you are currently taking:

(Please copy and paste your medication list summary from your patient portal or healthcare app, if available. If not, please list all medications manually, including dosage and frequency.)

Patient's Approval

☐ By virtue of entering my initials in this box I hereby give my permission for my medical provider to communicate with the Me-One Foundation personnel regarding my application to attend Camp Wieser.

Today's date:

Medical Provider's Signature

I feel the above patient is both physically and emotionally able to participate in this retreat.

Medical Provider's Name

Medical Provider's Signature

Medical Provider's Phone (in case of emergency)

Medical Provider: Please complete and sign this form and return it to your patient as soon as reasonably possible. The patient is responsible for submitting the completed form as part of their camper application process.

Please send any questions to info@me-onefoundation.org.